| Fill in this information to identify your case: |                                 |                                    |
|-------------------------------------------------|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                    |
| EASTERN DISTRICT OF CALIFORNIA                  | _                               |                                    |
| Case number (if known)                          | _ Chapter you are filing under: |                                    |
|                                                 | ☐ Chapter 7                     |                                    |
|                                                 | ☐ Chapter 11                    |                                    |
|                                                 | ☐ Chapter 12                    |                                    |
|                                                 | Chapter 13                      | Check if this is an amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

02/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1: Identify Yourself                                                                                                          |                                                              |                                               |  |
|-----|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|--|
|     |                                                                                                                                  | About Debtor 1:                                              | About Debtor 2 (Spouse Only in a Joint Case): |  |
| 1.  | Your full name                                                                                                                   |                                                              |                                               |  |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).        | Eric First name  James                                       | First name                                    |  |
|     | Bring your picture identification to your meeting with the trustee.                                                              | Middle name  Hardy  Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |  |
| 2.  | All other names you hav                                                                                                          | re                                                           |                                               |  |
|     | Include your married or maiden names.                                                                                            |                                                              |                                               |  |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-8452                                                  |                                               |  |

Debtor 1 **Eric James Hardy** 

Case number (if known)

|    |                                                                                                                                                               | About Debtor 1:                                                                                                                                                                           | About Debtor 2 (Spouse Only in a Joint Case):                                                                                                                                                 |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years<br>Include trade names and<br>doing business as names | ■ I have not used any business name or EINs.  Business name(s)                                                                                                                            | ☐ I have not used any business name or EINs.  Business name(s)                                                                                                                                |
|    |                                                                                                                                                               | EIN                                                                                                                                                                                       | EIN                                                                                                                                                                                           |
| 5. | Where you live                                                                                                                                                | 1416 Holly Drive<br>Tracy, CA 95376                                                                                                                                                       | If Debtor 2 lives at a different address:                                                                                                                                                     |
|    |                                                                                                                                                               | Number, Street, City, State & ZIP Code  San Joaquin                                                                                                                                       | Number, Street, City, State & ZIP Code                                                                                                                                                        |
|    |                                                                                                                                                               | County                                                                                                                                                                                    | County                                                                                                                                                                                        |
|    |                                                                                                                                                               | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.                                                    |
|    |                                                                                                                                                               | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                                                          | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                                                              |
| 6. | Why you are choosing this district to file for bankruptcy                                                                                                     | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
|    |                                                                                                                                                               |                                                                                                                                                                                           |                                                                                                                                                                                               |

| Eric James Ha                                                                                                 | ıray             |                                                                                                                                                                                                         |                                            |                                            | Case number (if known)                                                                                                                                                    |           |  |
|---------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| Down St. Toll the Count Ale                                                                                   | aut Vaus Basilis |                                                                                                                                                                                                         |                                            |                                            |                                                                                                                                                                           |           |  |
| 7. The chapter of the Bankruptcy Code you                                                                     | Check one        | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                                            |                                            |                                                                                                                                                                           |           |  |
| choosing to file under                                                                                        |                  | ,,                                                                                                                                                                                                      | and or bagan arms                          |                                            |                                                                                                                                                                           |           |  |
|                                                                                                               | ☐ Chapte         |                                                                                                                                                                                                         |                                            |                                            |                                                                                                                                                                           |           |  |
|                                                                                                               | ☐ Chapte         | er 12                                                                                                                                                                                                   |                                            |                                            |                                                                                                                                                                           |           |  |
|                                                                                                               | ■ Chapte         | er 13                                                                                                                                                                                                   |                                            |                                            |                                                                                                                                                                           |           |  |
| 8. How you will pay the                                                                                       | abo<br>orde      | ut how you may pa                                                                                                                                                                                       | ay. Typically, if you is submitting your p | are paying the fee                         | check with the clerk's office in your local court for more e yourself, you may pay with cash, cashier's check, or behalf, your attorney may pay with a credit card or che | money     |  |
|                                                                                                               |                  |                                                                                                                                                                                                         |                                            |                                            | option, sign and attach the Application for Individuals to                                                                                                                | o Pay     |  |
|                                                                                                               |                  | · ·                                                                                                                                                                                                     | allments (Official Fo<br>be waived (You m  | ,                                          | ption only if you are filing for Chapter 7. By law, a judg                                                                                                                | e mav.    |  |
|                                                                                                               | but<br>app       | is not required to, volies to your family s                                                                                                                                                             | waive your fèe, and<br>size and you are ur | I may do so only if<br>nable to pay the fe | if your income is less than 150% of the official poverty ee in installments). If you choose this option, you must Official Form 103B) and file it with your petition.     | line that |  |
| Have you filed for bankruptcy within the last 8 years?                                                        | ■ No.            |                                                                                                                                                                                                         |                                            |                                            |                                                                                                                                                                           |           |  |
|                                                                                                               |                  | District                                                                                                                                                                                                |                                            | When                                       | Case number                                                                                                                                                               |           |  |
|                                                                                                               |                  | District                                                                                                                                                                                                |                                            | When                                       | Case number                                                                                                                                                               |           |  |
|                                                                                                               |                  | District                                                                                                                                                                                                |                                            | When                                       | Case number                                                                                                                                                               |           |  |
| 10. Are any bankruptcy cases pending or beir                                                                  | ■ No             |                                                                                                                                                                                                         |                                            |                                            |                                                                                                                                                                           |           |  |
| filed by a spouse who<br>not filing this case wir<br>you, or by a business<br>partner, or by an<br>affiliate? | is 🛮 Yes.        |                                                                                                                                                                                                         |                                            |                                            |                                                                                                                                                                           |           |  |
|                                                                                                               |                  | Debtor                                                                                                                                                                                                  |                                            |                                            | Relationship to you                                                                                                                                                       |           |  |
|                                                                                                               |                  | District                                                                                                                                                                                                |                                            | When                                       | Case number, if known                                                                                                                                                     |           |  |
|                                                                                                               |                  | Debtor                                                                                                                                                                                                  |                                            |                                            | Relationship to you                                                                                                                                                       |           |  |
|                                                                                                               |                  | District                                                                                                                                                                                                |                                            | When                                       | Case number, if known                                                                                                                                                     |           |  |
| 11. Do you rent your residence?                                                                               | □ No.            | Go to line 12.                                                                                                                                                                                          |                                            |                                            |                                                                                                                                                                           |           |  |
| residence:                                                                                                    | Yes.             | Has your landlor                                                                                                                                                                                        | rd obtained an evic                        | tion judgment aga                          | ainst you?                                                                                                                                                                |           |  |
|                                                                                                               |                  | ■ No. Go to                                                                                                                                                                                             | to line 12.                                |                                            |                                                                                                                                                                           |           |  |
|                                                                                                               |                  |                                                                                                                                                                                                         | out <i>Initial Stateme</i> tcy petition.   | nt About an Evictio                        | ion Judgment Against You (Form 101A) and file it with                                                                                                                     | this      |  |
|                                                                                                               |                  |                                                                                                                                                                                                         |                                            |                                            |                                                                                                                                                                           |           |  |

| Deb | otor 1 Eric James Hardy                                                                                                                                         |          |                            |                                                 | Case number (if known)                                                                                                                                                                                                                                                |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |                                                                                                                                                                 |          |                            |                                                 |                                                                                                                                                                                                                                                                       |
| Par | t 3: Report About Any Bu                                                                                                                                        | sinesses | You Owr                    | as a Sole Propriet                              | or                                                                                                                                                                                                                                                                    |
| 12. | Are you a sole proprietor of any full- or part-time business?                                                                                                   | ■ No.    | Go to                      | Part 4.                                         |                                                                                                                                                                                                                                                                       |
|     |                                                                                                                                                                 | ☐ Yes.   | Name                       | and location of bus                             | iness                                                                                                                                                                                                                                                                 |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |          |                            | e of business, if any                           |                                                                                                                                                                                                                                                                       |
|     | If you have more than one sole proprietorship, use a separate sheet and attach                                                                                  |          | Numb                       | er, Street, City, Stat                          | e & ZIP Code                                                                                                                                                                                                                                                          |
|     | it to this petition.                                                                                                                                            |          | Chec                       | k the appropriate box                           | x to describe your business:                                                                                                                                                                                                                                          |
|     |                                                                                                                                                                 |          |                            | Health Care Busin                               | ness (as defined in 11 U.S.C. § 101(27A))                                                                                                                                                                                                                             |
|     |                                                                                                                                                                 |          |                            | Single Asset Real                               | Estate (as defined in 11 U.S.C. § 101(51B))                                                                                                                                                                                                                           |
|     |                                                                                                                                                                 |          |                            | Stockbroker (as de                              | efined in 11 U.S.C. § 101(53A))                                                                                                                                                                                                                                       |
|     |                                                                                                                                                                 |          |                            | `                                               | r (as defined in 11 U.S.C. § 101(6))                                                                                                                                                                                                                                  |
|     |                                                                                                                                                                 |          |                            | None of the above                               |                                                                                                                                                                                                                                                                       |
|     |                                                                                                                                                                 |          |                            | None of the above                               | ,                                                                                                                                                                                                                                                                     |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?                                                         | deadline | s. If you ir<br>ns, cash-f | ndicate that you are a<br>low statement, and fe | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure |
|     | For a definition of small                                                                                                                                       | ■ No.    | I am i                     | not filing under Chap                           | ter 11.                                                                                                                                                                                                                                                               |
|     | business debtor, see 11 U.S.C. § 101(51D).                                                                                                                      | □ No.    | I am f<br>Code             | •                                               | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy                                                                                                                                                                                |
|     |                                                                                                                                                                 | ☐ Yes.   |                            |                                                 | 11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.                                                                                                                                          |
|     |                                                                                                                                                                 | ☐ Yes.   |                            |                                                 | 11, I am a small business debtor according to the definition in the Bankruptcy Code, and r Subchapter V of Chapter 11.                                                                                                                                                |
| Par | t 4: Report if You Own or                                                                                                                                       | Have Any | / Hazardo                  | ous Property or Any                             | y Property That Needs Immediate Attention                                                                                                                                                                                                                             |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and                                                                       | ■ No.    | What is                    | the hazard?                                     |                                                                                                                                                                                                                                                                       |
|     | identifiable hazard to<br>public health or safety?<br>Or do you own any<br>property that needs                                                                  |          |                            | diate attention is                              |                                                                                                                                                                                                                                                                       |
|     | immediate attention?                                                                                                                                            |          | needed,                    | why is it needed?                               |                                                                                                                                                                                                                                                                       |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                                               |          | Where is                   | s the property?                                 |                                                                                                                                                                                                                                                                       |
|     | -                                                                                                                                                               |          |                            |                                                 | Number, Street, City, State & Zip Code                                                                                                                                                                                                                                |
|     |                                                                                                                                                                 |          |                            |                                                 |                                                                                                                                                                                                                                                                       |
|     |                                                                                                                                                                 |          |                            |                                                 |                                                                                                                                                                                                                                                                       |

Debtor 1 Eric James Hardy

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Eric James Hardy                                                                                                                                               |                     |                                                                         | Case number (if                                                                                                                                                                                 | known)                                                                          |  |  |  |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--|--|--|
| Par | t 6: Answer These Quest                                                                                                                                               | ions for R          | eporting Purposes                                                       |                                                                                                                                                                                                 |                                                                                 |  |  |  |
| 16. | What kind of debts do you have?                                                                                                                                       | 16a.                | Are your debts primarily consumindividual primarily for a personal,     | mer debts? Consumer debts are defined family, or household purpose."                                                                                                                            | in 11 U.S.C. § 101(8) as "incurred by an                                        |  |  |  |
|     |                                                                                                                                                                       |                     | ☐ No. Go to line 16b.                                                   |                                                                                                                                                                                                 |                                                                                 |  |  |  |
|     |                                                                                                                                                                       |                     | Yes. Go to line 17.                                                     |                                                                                                                                                                                                 |                                                                                 |  |  |  |
|     |                                                                                                                                                                       | 16b.                |                                                                         | ess debts? Business debts are debts that ent or through the operation of the busines                                                                                                            |                                                                                 |  |  |  |
|     |                                                                                                                                                                       |                     | ☐ No. Go to line 16c.                                                   |                                                                                                                                                                                                 |                                                                                 |  |  |  |
|     |                                                                                                                                                                       |                     | ☐ Yes. Go to line 17.                                                   |                                                                                                                                                                                                 |                                                                                 |  |  |  |
|     |                                                                                                                                                                       | 16c.                | State the type of debts you owe th                                      | nat are not consumer debts or business d                                                                                                                                                        | ebts                                                                            |  |  |  |
| 17. | Are you filing under Chapter 7?                                                                                                                                       | ■ No.               | I am not filing under Chapter 7. G                                      | o to line 18.                                                                                                                                                                                   |                                                                                 |  |  |  |
|     | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | ☐ Yes.              |                                                                         | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? |                                                                                 |  |  |  |
|     |                                                                                                                                                                       |                     | □ No                                                                    |                                                                                                                                                                                                 |                                                                                 |  |  |  |
|     |                                                                                                                                                                       |                     | Yes                                                                     |                                                                                                                                                                                                 |                                                                                 |  |  |  |
| 18. | How many Creditors do                                                                                                                                                 | <b>■</b> 1-49       |                                                                         | □ 1,000-5,000                                                                                                                                                                                   | □ 25,001-50,000                                                                 |  |  |  |
|     | you estimate that you owe?                                                                                                                                            | ☐ 50-99             | )                                                                       | ☐ 5001-10,000                                                                                                                                                                                   | ☐ 50,001-100,000                                                                |  |  |  |
|     | owe:                                                                                                                                                                  | □ 100-1<br>□ 200-9  |                                                                         | ☐ 10,001-25,000                                                                                                                                                                                 | ☐ More than100,000                                                              |  |  |  |
| 19. | How much do you                                                                                                                                                       | □ \$0 - \$          | 550,000                                                                 | □ \$1,000,001 - \$10 million                                                                                                                                                                    | □ \$500,000,001 - \$1 billion                                                   |  |  |  |
|     | estimate your assets to be worth?                                                                                                                                     |                     | 001 - \$100,000                                                         | \$10,000,001 - \$50 million                                                                                                                                                                     | \$1,000,000,001 - \$10 billion                                                  |  |  |  |
|     |                                                                                                                                                                       |                     | ,001 - \$500,000<br>,001 - \$1 million                                  | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million                                                                                                                               | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                      |  |  |  |
| 20. | How much do you                                                                                                                                                       | □ \$0 - \$          | 550,000                                                                 | ☐ \$1,000,001 - \$10 million                                                                                                                                                                    | □ \$500,000,001 - \$1 billion                                                   |  |  |  |
|     | estimate your liabilities to be?                                                                                                                                      | \$50,0              | 001 - \$100,000                                                         | □ \$10,000,001 - \$50 million                                                                                                                                                                   | □ \$1,000,000,001 - \$10 billion                                                |  |  |  |
|     | to be:                                                                                                                                                                |                     | ,001 - \$500,000<br>,001 - \$1 million                                  | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million                                                                                                                                  | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                      |  |  |  |
| Par | t 7: Sign Below                                                                                                                                                       |                     |                                                                         |                                                                                                                                                                                                 |                                                                                 |  |  |  |
| For | you                                                                                                                                                                   | I have ex           | camined this petition, and I declare                                    | under penalty of perjury that the informati                                                                                                                                                     | on provided is true and correct.                                                |  |  |  |
|     |                                                                                                                                                                       |                     |                                                                         | n aware that I may proceed, if eligible, unavailable under each chapter, and I choos                                                                                                            |                                                                                 |  |  |  |
|     |                                                                                                                                                                       |                     | rney represents me and I did not pant, I have obtained and read the not | ay or agree to pay someone who is not ar ice required by 11 U.S.C. § 342(b).                                                                                                                    | n attorney to help me fill out this                                             |  |  |  |
|     |                                                                                                                                                                       | I request           | relief in accordance with the chapt                                     | er of title 11, United States Code, specifie                                                                                                                                                    | ed in this petition.                                                            |  |  |  |
|     |                                                                                                                                                                       | bankrupt<br>and 357 | tcy case can result in fines up to \$29                                 | cealing property, or obtaining money or pi<br>50,000, or imprisonment for up to 20 year                                                                                                         | roperty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |  |
|     |                                                                                                                                                                       | Eric Ja             | James Hardy<br>mes Hardy<br>e of Debtor 1                               | Signature of Debtor 2                                                                                                                                                                           |                                                                                 |  |  |  |
|     |                                                                                                                                                                       | Executed            | June 3, 2022<br>MM / DD / YYYY                                          | Executed on MM / D                                                                                                                                                                              | D/YYYY                                                                          |  |  |  |

| Debtor 1 _Eric James Hardy                                                          | 1                                             | Cas                              | se number (if known)                                                                                                                                      |
|-------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| For your attorney, if you are represented by one                                    | under Chapter 7, 11, 12, or 13 of title 11, U | nited States Code, and have e    | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) |
| If you are not represented by<br>an attorney, you do not need<br>to file this page. |                                               | ies, certify that I have no know | vledge after an inquiry that the information in the                                                                                                       |
| . 5                                                                                 | /s/ Mark Shmorgon                             | Date                             | June 3, 2022                                                                                                                                              |
|                                                                                     | Signature of Attorney for Debtor              |                                  | MM / DD / YYYY                                                                                                                                            |
|                                                                                     | Mark Shmorgon                                 |                                  |                                                                                                                                                           |
|                                                                                     | Printed name                                  |                                  |                                                                                                                                                           |
|                                                                                     | Deighan Law LLP                               |                                  |                                                                                                                                                           |
|                                                                                     | Firm name                                     |                                  |                                                                                                                                                           |
|                                                                                     | 5015 Madison Ave                              |                                  |                                                                                                                                                           |
|                                                                                     | Suite A                                       |                                  |                                                                                                                                                           |
|                                                                                     | Sacramento, CA 95841                          |                                  |                                                                                                                                                           |
|                                                                                     | Number, Street, City, State & ZIP Code        |                                  |                                                                                                                                                           |
|                                                                                     | Contact phone                                 | Email address                    | shmorgonlaw@gmail.com                                                                                                                                     |
|                                                                                     | 255939 CA                                     |                                  |                                                                                                                                                           |
|                                                                                     | Bar number & State                            |                                  |                                                                                                                                                           |

Certificate Number: 15725-CAE-CC-036591672



# **CERTIFICATE OF COUNSELING**

I CERTIFY that on June 3, 2022, at 1:39 o'clock PM EDT, Eric Hardy received from 001 Debtorce, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Eastern District of California, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: June 3, 2022 By: /s/Sandra Cecilia Velasquez Arcon

Name: Sandra Cecilia Velasquez Arcon

Title: Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

| Fill in this information to identify your case: |                          |                    |               |  |
|-------------------------------------------------|--------------------------|--------------------|---------------|--|
| Debtor 1                                        | Eric James Hardy         | 1                  |               |  |
|                                                 | First Name               | Middle Name        | Last Name     |  |
| Debtor 2                                        |                          |                    |               |  |
| (Spouse if, filing)                             | First Name               | Middle Name        | Last Name     |  |
| United States Ba                                | ankruptcy Court for the: | EASTERN DISTRICT C | DF CALIFORNIA |  |
| Case number (if known)                          |                          |                    |               |  |

☐ Check if this is an amended filing

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

|     | r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.                                                                                                             |                    |                         |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------|
| Pal | t 1: Summarize Your Assets                                                                                                                                                                                      | Your as            | ssets<br>f what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B                                                                                                            | \$                 | 90,000.00               |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                                    | \$                 | 53,971.46               |
|     | 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                                         | \$                 | 143,971.46              |
| Pai | t 2: Summarize Your Liabilities                                                                                                                                                                                 |                    |                         |
|     |                                                                                                                                                                                                                 | Your lia<br>Amount | abilities<br>you owe    |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D              | \$                 | 54,478.47               |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                         | \$                 | 0.00                    |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                               | \$                 | 5,984.00                |
|     | Your total liabilities                                                                                                                                                                                          | \$                 | 60,462.47               |
| Pai | t 3: Summarize Your Income and Expenses                                                                                                                                                                         |                    |                         |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                                       | \$                 | 4,745.92                |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J                                                                                                           | \$                 | 3,473.92                |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records                                                                                                                                          |                    |                         |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                  | ur other sch       | edules.                 |
| 7.  | Yes What kind of debt do you have?                                                                                                                                                                              |                    |                         |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for bousehold purposes," 11 LLS C & 101(8). Fill out lines 8-90 for statistical purposes, 28 LLS C & 159 |                    | family, or              |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

| Debtor 1 | Eric James Hardy                     | Case number (if known) |  |
|----------|--------------------------------------|------------------------|--|
|          | the court with your other schedules. |                        |  |

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

1,961.55 \$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|                                                                                                                                                  | Total claim |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------|
| From Part 4 on Schedule E/F, copy the following:                                                                                                 |             |      |
| 9a. Domestic support obligations (Copy line 6a.)                                                                                                 | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                                        | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                                              | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)                                                                                                               | \$          | 0.00 |
| <ol> <li>Obligations arising out of a separation agreement or divorce that you did not report as<br/>priority claims. (Copy line 6g.)</li> </ol> | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                                           | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                                       | \$          | 0.00 |

| 0010011                                  |                                                        |                        |                                             |                        | 0430 22 21411                                                                                                                                           |                            |                                 |                                                    |
|------------------------------------------|--------------------------------------------------------|------------------------|---------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------|----------------------------------------------------|
| Fill in this                             | s information to                                       | o identify             | your case and th                            | is filin               | g:                                                                                                                                                      |                            |                                 |                                                    |
| Debtor 1                                 | Fric                                                   | James                  | Hardy                                       |                        |                                                                                                                                                         |                            |                                 |                                                    |
| Dobto: 1                                 | First N                                                |                        |                                             | Name                   | Last Name                                                                                                                                               |                            |                                 |                                                    |
| Debtor 2                                 |                                                        |                        | A4: 1 H                                     |                        |                                                                                                                                                         |                            |                                 |                                                    |
| (Spouse, if fil                          | ing) First N                                           | ame                    | Middle                                      | Name                   | Last Name                                                                                                                                               |                            |                                 |                                                    |
| United Sta                               | ates Bankruptcy                                        | Court for              | the: EASTERN                                | DISTRI                 | ICT OF CALIFORNIA                                                                                                                                       |                            |                                 |                                                    |
| Case num                                 | nber                                                   |                        |                                             |                        |                                                                                                                                                         |                            |                                 | ☐ Check if this is an                              |
|                                          |                                                        |                        |                                             |                        |                                                                                                                                                         |                            |                                 | amended filing                                     |
|                                          |                                                        |                        |                                             |                        |                                                                                                                                                         |                            |                                 |                                                    |
| Officia                                  | I Form 1                                               | 06A/E                  | <u> </u>                                    |                        |                                                                                                                                                         |                            |                                 |                                                    |
| Sche                                     | dule A/                                                | B: Pı                  | roperty                                     |                        |                                                                                                                                                         |                            |                                 | 12/15                                              |
| hink it fits<br>nformation<br>Answer eve | best. Be as com<br>a. If more space i<br>ery question. | plete and<br>s needed, | accurate as possibl<br>attach a separate sl | e. If two<br>neet to t | t only once. If an asset fits in more than one of married people are filing together, both are explicitly the form. On the top of any additional pages, | qually respo               | onsible for su                  | pplying correct                                    |
| Yes.                                     | Where is the prop                                      | erty?                  |                                             |                        |                                                                                                                                                         |                            |                                 |                                                    |
| 1.1                                      |                                                        |                        |                                             | What                   | t is the property? Check all that apply                                                                                                                 |                            |                                 |                                                    |
|                                          | 2 Atwater Jor                                          |                        |                                             |                        | Single-family home                                                                                                                                      |                            |                                 | ims or exemptions. Put                             |
| Street                                   | address, if available                                  | , or other des         | scription                                   |                        | Duplex or multi-unit building Condominium or cooperative                                                                                                |                            |                                 | I claims on Schedule D:<br>ns Secured by Property. |
|                                          |                                                        |                        |                                             |                        | Manufactured or mobile home                                                                                                                             |                            |                                 |                                                    |
| Atw                                      | ater                                                   | CA                     | 95301-0000                                  |                        | Land                                                                                                                                                    | Current val<br>entire prop |                                 | Current value of the portion you own?              |
| City                                     |                                                        | State                  | ZIP Code                                    |                        | Investment property                                                                                                                                     | \$9                        | 0,000.00                        | \$90,000.00                                        |
|                                          |                                                        |                        |                                             |                        | Timeshare                                                                                                                                               | Describe th                | ne nature of ye                 | our ownership interest                             |
|                                          |                                                        |                        |                                             | Who                    | Other has an interest in the property? Check one                                                                                                        |                            | e simple, tena<br>e), if known. | ancy by the entireties, or                         |
|                                          |                                                        |                        |                                             | WIIO                   | Debtor 1 only                                                                                                                                           | Fee Sim                    | **                              |                                                    |
| Mer                                      | ced                                                    |                        |                                             |                        | ·                                                                                                                                                       |                            |                                 |                                                    |
| County                                   | у                                                      |                        |                                             |                        | Debtor 1 and Debtor 2 only                                                                                                                              | — Chaala                   | if this is som                  |                                                    |
|                                          |                                                        |                        |                                             |                        | At least one of the debtors and another                                                                                                                 |                            | tructions)                      | munity property                                    |
|                                          |                                                        |                        |                                             |                        | r information you wish to add about this item                                                                                                           | , such as lo               | cal                             |                                                    |
|                                          |                                                        |                        |                                             |                        | erty identification number:                                                                                                                             |                            |                                 |                                                    |
|                                          |                                                        |                        |                                             | APN                    | N: 056-330-009                                                                                                                                          |                            |                                 |                                                    |
|                                          |                                                        |                        |                                             |                        |                                                                                                                                                         |                            |                                 |                                                    |
| 0 4111                                   | ha dalle l                                             | -f 41: - ·             |                                             |                        | very autilia from Dest 4, besterille                                                                                                                    |                            |                                 |                                                    |
|                                          |                                                        |                        |                                             |                        | your entries from Part 1, including any e                                                                                                               |                            | =>                              | \$90,000.00                                        |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| ebto                    | r1 <u>E</u>                                                                                    | ric James Hardy                                                                                                                                                                                                                                                      | Ca                                                                                                                                                                                                                                                                                  |                                                                                                                                 |                                                                                                                                                                             |
|-------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cai                     | e vane                                                                                         | , trucks, tractors, sport utility                                                                                                                                                                                                                                    | v vahicles motorcycles                                                                                                                                                                                                                                                              |                                                                                                                                 |                                                                                                                                                                             |
| Jai                     | s, vaiis,                                                                                      | , trucks, tractors, sport utility                                                                                                                                                                                                                                    | y verificies, motorcycles                                                                                                                                                                                                                                                           |                                                                                                                                 |                                                                                                                                                                             |
| ۱ [                     | lo                                                                                             |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                     |                                                                                                                                 |                                                                                                                                                                             |
| \                       | 'es                                                                                            |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                     |                                                                                                                                 |                                                                                                                                                                             |
|                         | 03                                                                                             |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                     |                                                                                                                                 |                                                                                                                                                                             |
|                         |                                                                                                | Chevrolet                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                     | Do not deduct secured of                                                                                                        | claims or exemptions. Put                                                                                                                                                   |
| 1                       | Make:                                                                                          |                                                                                                                                                                                                                                                                      | Who has an interest in the property? Check one                                                                                                                                                                                                                                      | the amount of any secur                                                                                                         | ed claims on Schedule D                                                                                                                                                     |
|                         | Model:                                                                                         | Suburban                                                                                                                                                                                                                                                             | Debtor 1 only                                                                                                                                                                                                                                                                       | Creditors Who Have Cla                                                                                                          | ims Secured by Property                                                                                                                                                     |
|                         | Year:                                                                                          | 1999                                                                                                                                                                                                                                                                 | Debtor 2 only                                                                                                                                                                                                                                                                       | Current value of the                                                                                                            | Current value of the                                                                                                                                                        |
|                         |                                                                                                | mate mileage: 140,00                                                                                                                                                                                                                                                 | <u> </u>                                                                                                                                                                                                                                                                            | entire property?                                                                                                                | portion you own?                                                                                                                                                            |
|                         |                                                                                                | formation:                                                                                                                                                                                                                                                           | At least one of the debtors and another                                                                                                                                                                                                                                             |                                                                                                                                 |                                                                                                                                                                             |
|                         |                                                                                                | Chevrolet Suburban 1500                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                     | \$3,259.00                                                                                                                      | \$3,259.                                                                                                                                                                    |
|                         |                                                                                                | Utility / Clean Title /                                                                                                                                                                                                                                              | Li Check if this is community property (see instructions)                                                                                                                                                                                                                           | Ψ0,203.00                                                                                                                       | Ψ5,233.                                                                                                                                                                     |
|                         | 140,00                                                                                         | 0 Miles / Fair Condition                                                                                                                                                                                                                                             | (ose menucion)                                                                                                                                                                                                                                                                      |                                                                                                                                 |                                                                                                                                                                             |
|                         |                                                                                                |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                     | B                                                                                                                               | 1.1                                                                                                                                                                         |
| 2                       | Make:                                                                                          | Toyota                                                                                                                                                                                                                                                               | Who has an interest in the property? Check one                                                                                                                                                                                                                                      |                                                                                                                                 | claims or exemptions. Put<br>ed claims on <i>Schedule D</i>                                                                                                                 |
|                         | Model:                                                                                         | Corolla                                                                                                                                                                                                                                                              | Debtor 1 only                                                                                                                                                                                                                                                                       |                                                                                                                                 | ims Secured by Property                                                                                                                                                     |
|                         | Year:                                                                                          | 2020                                                                                                                                                                                                                                                                 | Debtor 2 only                                                                                                                                                                                                                                                                       | Current value of the                                                                                                            | Current value of the                                                                                                                                                        |
|                         | Approxin                                                                                       | mate mileage: <b>68,00</b>                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                     | entire property?                                                                                                                | portion you own?                                                                                                                                                            |
|                         | Other inf                                                                                      | formation:                                                                                                                                                                                                                                                           | ☐ At least one of the debtors and another                                                                                                                                                                                                                                           |                                                                                                                                 |                                                                                                                                                                             |
|                         | 2020 T                                                                                         | oyota Corolla Hybrid LE                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                     |                                                                                                                                 |                                                                                                                                                                             |
|                         |                                                                                                | 4D / Clean Title / 68,000                                                                                                                                                                                                                                            | ☐ Check if this is community property                                                                                                                                                                                                                                               | \$22,230.00                                                                                                                     | \$22,230.                                                                                                                                                                   |
|                         | Miles /                                                                                        | Good Condition                                                                                                                                                                                                                                                       | (see instructions)                                                                                                                                                                                                                                                                  |                                                                                                                                 |                                                                                                                                                                             |
| xa<br>] N               | <i>mples:</i> B                                                                                |                                                                                                                                                                                                                                                                      | s and other recreational vehicles, other vehicles, and watercraft, fishing vessels, snowmobiles, motorcycle a                                                                                                                                                                       |                                                                                                                                 |                                                                                                                                                                             |
| xa<br>] N               | <i>mples:</i> B                                                                                |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                     |                                                                                                                                 |                                                                                                                                                                             |
| xa<br>] N<br>■ N        | <i>mples:</i> B                                                                                |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                     | Do not deduct secured of                                                                                                        |                                                                                                                                                                             |
| xa<br>] N<br>■ \        | mples: B<br>lo<br>es<br>Make:                                                                  | Roats, trailers, motors, persona  Keystone                                                                                                                                                                                                                           | I watercraft, fishing vessels, snowmobiles, motorcycle a  Who has an interest in the property? Check one                                                                                                                                                                            | Do not deduct secured of the amount of any secure.                                                                              | ed claims on <i>Schedule D</i>                                                                                                                                              |
| xa<br>] N<br><b>I</b> N | mples: B lo es Make: Model:                                                                    | Keystone  Bullet Ultra Lite                                                                                                                                                                                                                                          | Who has an interest in the property? Check one  Debtor 1 only                                                                                                                                                                                                                       | Do not deduct secured of the amount of any secur Creditors Who Have Cla                                                         | ed claims on Schedule E<br>ims Secured by Property                                                                                                                          |
| xa<br>] N<br>■ N        | mples: B<br>lo<br>es<br>Make:                                                                  | Roats, trailers, motors, persona  Keystone                                                                                                                                                                                                                           | Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only                                                                                                                                                                                                         | Do not deduct secured of the amount of any secure Creditors Who Have Cla                                                        | ed claims on Schedule L<br>ims Secured by Property<br>Current value of the                                                                                                  |
| xa<br>] N<br>■ N        | mples: B lo 'es Make: Model: Year:                                                             | Keystone Bullet Ultra Lite                                                                                                                                                                                                                                           | Who has an interest in the property? Check one  Debtor 1 only  Debtor 2 only Debtor 1 and Debtor 2 only                                                                                                                                                                             | Do not deduct secured of the amount of any secur Creditors Who Have Cla                                                         | ed claims on Schedule E<br>ims Secured by Property                                                                                                                          |
| xa<br>] N<br>■ N        | mples: B lo 'es Make: Model: Year:                                                             | Keystone Bullet Ultra Lite 2018                                                                                                                                                                                                                                      | Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another                                                                                                                                      | Do not deduct secured of the amount of any secure Creditors Who Have Clate Current value of the entire property?                | ed claims on Schedule L<br>ims Secured by Property<br>Current value of the<br>portion you own?                                                                              |
| xa<br>] N<br>■ N        | mples: B lo lo les Make: Model: Year: Other inf                                                | Keystone Bullet Ultra Lite 2018  formation:  Keystone RV Bullet Ultra                                                                                                                                                                                                | Who has an interest in the property? Check one  Debtor 1 only  Debtor 2 only Debtor 1 and Debtor 2 only                                                                                                                                                                             | Do not deduct secured of the amount of any secure Creditors Who Have Cla                                                        | ed claims on Schedule L<br>ims Secured by Property<br>Current value of the<br>portion you own?                                                                              |
| xa<br>] N<br><b>I</b> N | mples: B lo lo les Make: Model: Year: Other inf                                                | Keystone Bullet Ultra Lite 2018                                                                                                                                                                                                                                      | Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property                                                                                                  | Do not deduct secured of the amount of any secure Creditors Who Have Clate Current value of the entire property?                | ed claims on Schedule L<br>ims Secured by Property<br>Current value of the<br>portion you own?                                                                              |
| xa<br>] N<br>■ N        | mples: B lo lo les Make: Model: Year: Other inf                                                | Keystone Bullet Ultra Lite 2018  formation:  Keystone RV Bullet Ultra                                                                                                                                                                                                | Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property                                                                                                  | Do not deduct secured of the amount of any secure Creditors Who Have Clate Current value of the entire property?                | ed claims on Schedule L<br>ims Secured by Property<br>Current value of the<br>portion you own?                                                                              |
| ixa<br>] N<br>■ Y       | mples: B lo fes Make: Model: Year: Other inf                                                   | Keystone Bullet Ultra Lite 2018  formation: Keystone RV Bullet Ultra eries M-243 BHS                                                                                                                                                                                 | Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)                                                                               | Do not deduct secured of the amount of any secure Creditors Who Have Clast Current value of the entire property?  \$23,750.00   | ed claims on Schedule Lims Secured by Property Current value of the portion you own? \$23,750.                                                                              |
| xa<br>IN<br>IN          | mples: B lo fes Make: Model: Year: Other inf 2018 K Lite Se                                    | Keystone Bullet Ultra Lite 2018  formation: Keystone RV Bullet Ultra eries M-243 BHS                                                                                                                                                                                 | Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property                                                                                                  | Do not deduct secured of the amount of any secure Creditors Who Have Clar Current value of the entire property?  \$23,750.00    | ed claims on Schedule Lims Secured by Property Current value of the portion you own? \$23,750.                                                                              |
| xa<br>IN<br>IN          | mples: B lo fes Make: Model: Year: Other inf 2018 K Lite Se                                    | Keystone Bullet Ultra Lite 2018  formation: Keystone RV Bullet Ultra eries M-243 BHS                                                                                                                                                                                 | Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)                                                                               | Do not deduct secured of the amount of any secure Creditors Who Have Clar Current value of the entire property?  \$23,750.00    | ed claims on Schedule It ims Secured by Property  Current value of the portion you own?  \$23,750                                                                           |
| Adpa                    | mples: B lo fes Make: Model: Year: Other inf 2018 k Lite Se                                    | Keystone Bullet Ultra Lite 2018  formation: Keystone RV Bullet Ultra eries M-243 BHS                                                                                                                                                                                 | Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)                                                                               | Do not deduct secured of the amount of any secure Creditors Who Have Clar Current value of the entire property?  \$23,750.00    | ed claims on Schedule I ims Secured by Property Current value of the portion you own? \$23,750                                                                              |
| Adopa                   | mples: B lo fes Make: Model: Year: Other inf 2018 k Lite Se d the doges you  Descril           | Keystone Bullet Ultra Lite 2018  formation: Keystone RV Bullet Ultra eries M-243 BHS  collar value of the portion you have attached for Part 2. We libe Your Personal and Househo                                                                                    | Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)                                                                               | Do not deduct secured of the amount of any secure Creditors Who Have Clate Current value of the entire property?  \$23,750.00   | ed claims on Schedule I ims Secured by Property Current value of the portion you own? \$23,750                                                                              |
| Add                     | mples: B lo fes Make: Model: Year: Other inf 2018 k Lite Se d the doges you  Descril           | Keystone Bullet Ultra Lite 2018  formation: Keystone RV Bullet Ultra eries M-243 BHS  collar value of the portion you have attached for Part 2. We libe Your Personal and Househo                                                                                    | Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)                                                                               | Do not deduct secured of the amount of any secure Creditors Who Have Clate Current value of the entire property?  \$23,750.00   | ed claims on Schedule I ims Secured by Property  Current value of the portion you own?  \$23,750  \$49,239.00  Current value of the portion you own?                        |
| Add                     | mples: B lo fes Make: Model: Year: Other inf 2018 k Lite Se d the doges you  Descril           | Keystone Bullet Ultra Lite 2018  formation: Keystone RV Bullet Ultra eries M-243 BHS  collar value of the portion you have attached for Part 2. We libe Your Personal and Househo                                                                                    | Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)                                                                               | Do not deduct secured of the amount of any secure Creditors Who Have Classes Current value of the entire property?  \$23,750.00 | ed claims on Schedule Lims Secured by Property  Current value of the portion you own?  \$23,750.  \$49,239.00  Current value of the portion you own?  Do not deduct secure  |
| Addoa                   | mples: B lo fes Make: Model: Year: Other inf 2018 k Lite Se d the do ges you Descrii           | Keystone Bullet Ultra Lite 2018  formation: Keystone RV Bullet Ultra eries M-243 BHS  pollar value of the portion you have attached for Part 2. We gibe Your Personal and Householder have any legal or equitable                                                    | Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)                                                                               | Do not deduct secured of the amount of any secure Creditors Who Have Classes Current value of the entire property?  \$23,750.00 | ed claims on Schedule Lims Secured by Property  Current value of the portion you own?  \$23,750.  \$49,239.00  Current value of the portion you own?  Do not deduct secure  |
| Adoa you                | mples: B lo fes Make: Model: Year: Other inf 2018 k Lite Se d the doges you Descril u own o    | Keystone Bullet Ultra Lite 2018  formation: Keystone RV Bullet Ultra eries M-243 BHS  collar value of the portion you have attached for Part 2. We libe Your Personal and Househo                                                                                    | Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Town for all of your entries from Part 2, including an rite that number here | Do not deduct secured of the amount of any secure Creditors Who Have Classes Current value of the entire property?  \$23,750.00 | ed claims on Schedule Lims Secured by Property  Current value of the portion you own?  \$23,750.  \$49,239.00  Current value of the portion you own?  Do not deduct secure  |
| Adopa t3                | mples: B lo lo les Make: Model: Year: Other inf 2018 k Lite Se d the doges you Descril u own o | Keystone  Bullet Ultra Lite 2018  formation: Keystone RV Bullet Ultra eries M-243 BHS  Dillar value of the portion your have attached for Part 2. We libe Your Personal and Househo or have any legal or equitable goods and furnishings                             | Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Town for all of your entries from Part 2, including an rite that number here | Do not deduct secured of the amount of any secure Creditors Who Have Classes Current value of the entire property?  \$23,750.00 | ed claims on Schedule Lims Secured by Property  Current value of the portion you own?  \$23,750.  \$49,239.00  Current value of the portion you own?  Do not deduct secure  |
| Adpa                    | mples: B lo fes Make: Model: Year: Other inf 2018 k Lite Se d the doges you Descrii u own o    | Keystone  Bullet Ultra Lite 2018  formation: Keystone RV Bullet Ultra eries M-243 BHS  Dillar value of the portion your have attached for Part 2. We libe Your Personal and Househo or have any legal or equitable goods and furnishings                             | Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Town for all of your entries from Part 2, including an rite that number here | Do not deduct secured of the amount of any secure Creditors Who Have Classes Current value of the entire property?  \$23,750.00 | ed claims on Schedule E ims Secured by Property  Current value of the portion you own?  \$23,750.  \$49,239.00  Current value of the portion you own?  Do not deduct secure |
| Add pa                  | mples: B lo fes Make: Model: Year: Other inf 2018 k Lite Se d the doges you Descrii u own o    | Keystone Bullet Ultra Lite 2018  formation: Keystone RV Bullet Ultra eries M-243 BHS  collar value of the portion your have attached for Part 2. We have attached for Part 2. We have any legal or equitable goods and furnishings Major appliances, furniture, line | Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Town for all of your entries from Part 2, including an rite that number here | Do not deduct secured of the amount of any secure Creditors Who Have Classes Current value of the entire property?  \$23,750.00 | \$23,750.0<br>\$49,239.00<br>Current value of the                                                                                                                           |
| Adapa t 3               | mples: B lo fes Make: Model: Year: Other inf 2018 k Lite Se d the doges you Descrii u own o    | Keystone Bullet Ultra Lite 2018  formation: Keystone RV Bullet Ultra eries M-243 BHS  collar value of the portion your have attached for Part 2. We have attached for Part 2. We have any legal or equitable goods and furnishings Major appliances, furniture, line | Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Check if this is community property (see instructions)  Town for all of your entries from Part 2, including an rite that number here                                         | Do not deduct secured of the amount of any secure Creditors Who Have Classes Current value of the entire property?  \$23,750.00 | ed claims on Schedule Dims Secured by Property  Current value of the portion you own?  \$23,750.  \$49,239.00  Current value of the portion you own?  Do not deduct secure  |

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

| Debtor 1               | Eric James                                           | Hardy                                                                                            | Case number (if known)                  |                                                                                    |
|------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------|
| ■ Yes                  | . Describe                                           |                                                                                                  |                                         |                                                                                    |
|                        |                                                      | Electronics                                                                                      |                                         | \$500.00                                                                           |
| Examp                  |                                                      | d figurines; paintings, prints, or other artwork; books, pict<br>ions, memorabilia, collectibles | ures, or other art objects; stamp, coin | , or baseball card collections;                                                    |
|                        |                                                      | Books and Pictures                                                                               |                                         | \$100.00                                                                           |
| Examp                  | nent for sports<br>oles: Sports, pho<br>musical inst | ographic, exercise, and other hobby equipment; bicycles                                          | pool tables, golf clubs, skis; canoes   | and kayaks; carpentry tools;                                                       |
|                        |                                                      | Sports and Hobby Equipment                                                                       |                                         | \$200.00                                                                           |
| 11. <b>Clothe</b> Exam |                                                      | lothes, furs, leather coats, designer wear, shoes, access                                        | ories                                   |                                                                                    |
|                        |                                                      | Wearing Apparel                                                                                  |                                         | \$300.00                                                                           |
| □ No                   |                                                      | ewelry, costume jewelry, engagement rings, wedding ring  Jewelry                                 | s, heirloom jewelry, watches, gems,     | gold, silver<br><b>\$400.0</b> 0                                                   |
| Exam<br>■ No           | arm animals  nples: Dogs, cats                       | •                                                                                                |                                         | <u> </u>                                                                           |
| ■ No                   | other personal a                                     | nd household items you did not already list, including formation                                 | រូ any health aids you did not list     |                                                                                    |
|                        |                                                      | of all of your entries from Part 3, including any entri<br>number here                           |                                         | \$2,500.00                                                                         |
|                        | escribe Your Fina                                    |                                                                                                  |                                         |                                                                                    |
| Do you o               | wn or have any                                       | legal or equitable interest in any of the following?                                             |                                         | Current value of the portion you own?  Do not deduct secured claims or exemptions. |

| De  | ebtor 1           | Eric James Ha                            | rdy                                                  | Case number (if known)                                                                                                                      |                     |
|-----|-------------------|------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 16. | □ No <sup>′</sup> | . ,                                      | ve in your wallet, in your ho                        | ome, in a safe deposit box, and on hand when you file your petition                                                                         |                     |
|     |                   |                                          |                                                      | Cash on Hand                                                                                                                                | \$10.00             |
|     | Examp             |                                          |                                                      | ounts; certificates of deposit; shares in credit unions, brokerage houses, an s with the same institution, list each.                       | d other similar     |
|     | □ No<br>■ Yes     |                                          |                                                      | Institution name:                                                                                                                           |                     |
|     |                   |                                          | 17.1. Checking                                       | Wells Fargo Checking Account9696                                                                                                            | \$2,222.46          |
| 18. | Examp             |                                          | publicly traded stocks<br>vestment accounts with bro | okerage firms, money market accounts name:                                                                                                  |                     |
| 19. | Non-pu<br>joint v |                                          | k and interests in incorp                            | orated and unincorporated businesses, including an interest in an LL                                                                        | C, partnership, and |
|     |                   | Give specific inform                     | nation about them<br>Name of entity:                 | <br>% of ownership:                                                                                                                         |                     |
| 20. | Negoti            | able instruments in                      | clude personal checks, cas                           | otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them. |                     |
|     | ■ No              |                                          |                                                      |                                                                                                                                             |                     |
|     | ⊔ Yes.            | Give specific inform                     | nation about them<br>Issuer name:                    |                                                                                                                                             |                     |
| 21. |                   | nent or pension acoles: Interests in IRA |                                                      | 403(b), thrift savings accounts, or other pension or profit-sharing plans                                                                   |                     |
|     | ☐ Yes.            | List each account s                      | eparately. Type of account:                          | Institution name:                                                                                                                           |                     |
| 22. | Your sl           |                                          | deposits you have made so                            | o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies, or oth         | ers                 |
|     |                   |                                          |                                                      | Institution name or individual:                                                                                                             |                     |
| 23. | Annuiti           | ies (A contract for a                    | a periodic payment of mone                           | ey to you, either for life or for a number of years)                                                                                        |                     |
|     | ■ No<br>□ Yes     | Issue                                    | er name and description.                             |                                                                                                                                             |                     |
| 24. | 26 U.S.0          |                                          | IRA, in an account in a q<br>9A(b), and 529(b)(1).   | qualified ABLE program, or under a qualified state tuition program.                                                                         |                     |
|     | ■ No<br>□ Yes     | Instit                                   | tution name and description                          | n. Separately file the records of any interests.11 U.S.C. § 521(c):                                                                         |                     |
| 25. |                   | equitable or futur                       | e interests in property (o                           | other than anything listed in line 1), and rights or powers exercisable f                                                                   | or your benefit     |
|     | ■ No<br>□ Yes.    | Give specific inforr                     | nation about them                                    |                                                                                                                                             |                     |
| 26. |                   |                                          |                                                      | nd other intellectual property eds from royalties and licensing agreements                                                                  |                     |

■ No

| Debtor 1              | Eric James Hardy                                                                                                                                    | Case number (if known)                              |                                                              |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------|
| ☐ Yes.                | Give specific information about them                                                                                                                |                                                     |                                                              |
|                       | es, franchises, and other general intangibles  bles: Building permits, exclusive licenses, cooperative association ho                               | oldings, liquor licenses, professional licenses     |                                                              |
| ■ No<br>□ Yes.        | Give specific information about them                                                                                                                |                                                     |                                                              |
| Money or              | property owed to you?                                                                                                                               |                                                     | Current value of the                                         |
|                       |                                                                                                                                                     |                                                     | portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax ref           | funds owed to you                                                                                                                                   |                                                     |                                                              |
|                       | Give specific information about them, including whether you already                                                                                 | filed the returns and the tax years                 |                                                              |
| ■ No                  | support oles: Past due or lump sum alimony, spousal support, child support, Give specific information                                               | maintenance, divorce settlement, property settl     | ement                                                        |
|                       |                                                                                                                                                     |                                                     |                                                              |
| Exam <sub>l</sub>     | amounts someone owes you  bles: Unpaid wages, disability insurance payments, disability benefits  benefits; unpaid loans you made to someone else   | s, sick pay, vacation pay, workers' compensation    | on, Social Security                                          |
| ■ No<br>□ Yes.        | Give specific information                                                                                                                           |                                                     |                                                              |
|                       |                                                                                                                                                     |                                                     |                                                              |
|                       | sts in insurance policies<br>oles: Health, disability, or life insurance; health savings account (HS/                                               | A); credit, homeowner's, or renter's insurance      |                                                              |
| ☐ Yes.                | Name the insurance company of each policy and list its value.  Company name:                                                                        | Beneficiary:                                        | Surrender or refund value:                                   |
| If you somed          | terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance has died. | ance policy, or are currently entitled to receive p | property because                                             |
| ■ No<br>□ Yes.        | Give specific information                                                                                                                           |                                                     |                                                              |
|                       |                                                                                                                                                     |                                                     |                                                              |
|                       | against third parties, whether or not you have filed a lawsuit or ples: Accidents, employment disputes, insurance claims, or rights to              |                                                     |                                                              |
| ☐ Yes.                | Describe each claim                                                                                                                                 |                                                     |                                                              |
| 34. <b>Other</b> € No | contingent and unliquidated claims of every nature, including co                                                                                    | ounterclaims of the debtor and rights to set        | off claims                                                   |
| ☐ Yes.                | Describe each claim                                                                                                                                 |                                                     |                                                              |
| 35. <b>Any fir</b> No | nancial assets you did not already list                                                                                                             |                                                     |                                                              |
| ☐ Yes.                | Give specific information                                                                                                                           |                                                     |                                                              |
|                       | the dollar value of all of your entries from Part 4, including any eart 4. Write that number here                                                   |                                                     | \$2,232.46                                                   |
| Part 5: De            | scribe Any Business-Related Property You Own or Have an Interest In. L                                                                              | ist any real estate in Part 1.                      |                                                              |
| 37. <b>Do you</b>     | own or have any legal or equitable interest in any business-related prope                                                                           | erty?                                               |                                                              |
| No. Go                | to Part 6.                                                                                                                                          |                                                     |                                                              |
| □ voc d               | Go to line 38.                                                                                                                                      |                                                     |                                                              |

Official Form 106A/B Schedule A/B: Property page 5

| Debte        | or 1               | Eric James Hardy                                                                                                       |                             | Case number (if known)       |              |
|--------------|--------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|--------------|
| Dowt 6       | Day                | saiba Any Farm and Commonial Fishing Related Descript.                                                                 | Var. Own as Have as Interes | nd In                        |              |
| Part 6       |                    | scribe Any Farm- and Commercial Fishing-Related Property<br>ou own or have an interest in farmland, list it in Part 1. | fou Own or have an interes  | st III.                      |              |
| 46. <b>D</b> | o you              | own or have any legal or equitable interest in any far                                                                 | rm- or commercial fishir    | ng-related property?         |              |
| I            | No.                | Go to Part 7.                                                                                                          |                             |                              |              |
| [            | ☐ Yes.             | Go to line 47.                                                                                                         |                             |                              |              |
| Part 7       | <b>'</b> :         | Describe All Property You Own or Have an Interest in That                                                              | You Did Not List Above      |                              |              |
|              |                    | have other property of any kind you did not already                                                                    | list?                       |                              |              |
|              | <i>=xamp</i><br>No | les: Season tickets, country club membership                                                                           |                             |                              |              |
|              |                    | Give specific information                                                                                              |                             |                              |              |
| _            | 103.               | ove specific information                                                                                               |                             |                              |              |
| 54.          | Add t              | he dollar value of all of your entries from Part 7. Write                                                              | that number here            |                              | \$0.00       |
| D. 46        |                    |                                                                                                                        |                             |                              |              |
| Part 8       | 5:                 | List the Totals of Each Part of this Form                                                                              |                             |                              |              |
| 55.          | Part 1             | : Total real estate, line 2                                                                                            |                             |                              | \$90,000.00  |
| 56.          | Part 2             | : Total vehicles, line 5                                                                                               | \$49,239.00                 |                              |              |
| 57.          | Part 3             | : Total personal and household items, line 15                                                                          | \$2,500.00                  |                              |              |
| 58.          | Part 4             | : Total financial assets, line 36                                                                                      | \$2,232.46                  |                              |              |
| 59.          | Part 5             | : Total business-related property, line 45                                                                             | \$0.00                      |                              |              |
| 60.          | Part 6             | : Total farm- and fishing-related property, line 52                                                                    | \$0.00                      |                              |              |
| 61.          | Part 7             | : Total other property not listed, line 54                                                                             | + \$0.00                    |                              |              |
| 62.          | Total              | personal property. Add lines 56 through 61                                                                             | \$53,971.46                 | Copy personal property total | \$53,971.46  |
| 63.          | Total              | of all property on Schedule A/B. Add line 55 + line 62                                                                 |                             |                              | \$143,971.46 |

| Fill in this inform | nation to identify your | case:              |               |                                      |
|---------------------|-------------------------|--------------------|---------------|--------------------------------------|
| Debtor 1            | Eric James Hardy        | 1                  |               |                                      |
|                     | First Name              | Middle Name        | Last Name     |                                      |
| Debtor 2            |                         |                    |               |                                      |
| (Spouse if, filing) | First Name              | Middle Name        | Last Name     |                                      |
| United States Bar   | nkruptcy Court for the: | EASTERN DISTRICT C | PF CALIFORNIA |                                      |
| Case number         |                         |                    |               |                                      |
| (if known)          |                         |                    |               | ☐ Check if this is an amended filing |

### Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | y the Pro | perty Yo | ou Claim | ı as Exempt | t |
|---------|----------|-----------|----------|----------|-------------|---|
|---------|----------|-----------|----------|----------|-------------|---|

| 1. | Which set of exemptions are you claiming | ? Check | one only, | even if | your spouse | is filing is | with yo | и. |
|----|------------------------------------------|---------|-----------|---------|-------------|--------------|---------|----|
|----|------------------------------------------|---------|-----------|---------|-------------|--------------|---------|----|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property                  | portion you own                     | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |
|--------------------------------------------------------|-------------------------------------|-----|-----------------------------------------------------------------|------------------------------------|
|                                                        | Copy the value from<br>Schedule A/B | Che | eck only one box for each exemption.                            |                                    |
| 6362 Atwater Jordan Atwater, CA<br>95301               | \$90,000.00                         |     | \$21,137.54                                                     | C.C.P. § 703.140(b)(5)             |
| Line from Schedule A/B: 1.1                            |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 1999 Chevrolet Suburban 1500 Sport<br>Utility          | \$3,259.00                          |     | \$3,259.00                                                      | C.C.P. § 703.140(b)(2)             |
| Line from Schedule A/B: 3.1                            |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2020 Toyota Corolla Hybrid LE Sedan<br>4D              | \$22,230.00                         |     | \$1,083.00                                                      | C.C.P. § 703.140(b)(2)             |
| Line from Schedule A/B: 3.2                            |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2018 Keystone RV Bullet Ultra Lite<br>Series M-243 BHS | \$23,750.00                         |     | \$10,280.00                                                     | C.C.P. § 703.140(b)(5)             |
| Line from Schedule A/B: <b>4.1</b>                     |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Household Goods Line from Schedule A/B: 6.1            | \$1,000.00                          |     | \$1,000.00                                                      | C.C.P. § 703.140(b)(3)             |
| Elio Holli Golloddio 77D. Gil                          |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |

| or 1 Eric James Hardy                                                               |                                      |         | Case number (if known)                                          |                                    |
|-------------------------------------------------------------------------------------|--------------------------------------|---------|-----------------------------------------------------------------|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am      | ount of the exemption you claim                                 | Specific laws that allow exemption |
|                                                                                     | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |                                    |
| Electronics<br>Line from Schedule A/B: <b>7.1</b>                                   | \$500.00                             |         | \$500.00                                                        | C.C.P. § 703.140(b)(3)             |
| Line from Schedule A/B: 1.1                                                         |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| Books and Pictures Line from Schedule A/B: 8.1                                      | \$100.00                             |         | \$100.00                                                        | C.C.P. § 703.140(b)(3)             |
| and norm donedule / v.b. dir                                                        |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| Sports and Hobby Equipment ine from Schedule A/B: 9.1                               | \$200.00                             |         | \$200.00                                                        | C.C.P. § 703.140(b)(3)             |
| Life from Schedule A/B. 3.1                                                         |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| Wearing Apparel ine from Schedule A/B: 11.1                                         | \$300.00                             |         | \$300.00                                                        | C.C.P. § 703.140(b)(3)             |
| and nom deficulte A/D. TTT                                                          |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| Jewelry ine from Schedule A/B: 12.1                                                 | \$400.00                             |         | \$400.00                                                        | C.C.P. § 703.140(b)(4)             |
| and nom deficulte A/B. 1211                                                         |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| Cash on Hand<br>ine from <i>Schedule A/B</i> : <b>16.1</b>                          | \$10.00                              |         | \$10.00                                                         | C.C.P. § 703.140(b)(5)             |
| and norm donedule / v.b. 1 de 1                                                     |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking: Wells Fargo Checking                                                      | \$2,222.46                           |         | \$2,222.46                                                      | C.C.P. § 703.140(b)(5)             |
| ine from Schedule A/B: 17.1                                                         |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| Are you claiming a homestead exemption Subject to adjustment on 4/01/25 and every   |                                      |         | led on or after the date of adjustmen                           | nt.)                               |
| No                                                                                  | rad by the exemption wi              | ithin 1 | 21E days before you filed this sees                             | 2                                  |
| <ul><li>Yes. Did you acquire the property cove</li><li>No</li></ul>                 | rea by the exemption wi              | iuiin 1 | ,∠15 days belore you filed this case                            | !                                  |
| ☐ Yes                                                                               |                                      |         |                                                                 |                                    |

| Debtor 1                                                                                                          |                                                                                            |                                                                                                                                                                                              |                                        |                          |                   |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------|-------------------|
| Debior 1                                                                                                          | Eric James Har                                                                             |                                                                                                                                                                                              |                                        |                          |                   |
|                                                                                                                   | First Name                                                                                 | Middle Name Last Name                                                                                                                                                                        |                                        |                          |                   |
| Debtor 2<br>(Spouse if, filing)                                                                                   | First Name                                                                                 | Middle Name Last Name                                                                                                                                                                        |                                        |                          |                   |
| (Opodoo II, IIIIIg)                                                                                               | riotranio                                                                                  |                                                                                                                                                                                              |                                        |                          |                   |
| United States Ban                                                                                                 | kruptcy Court for the                                                                      | EASTERN DISTRICT OF CALIFORNIA                                                                                                                                                               |                                        |                          |                   |
| Case number                                                                                                       |                                                                                            |                                                                                                                                                                                              |                                        |                          |                   |
| (if known)                                                                                                        |                                                                                            |                                                                                                                                                                                              |                                        | ☐ Check                  | if this is an     |
|                                                                                                                   |                                                                                            |                                                                                                                                                                                              |                                        | amend                    | led filing        |
| Official Form                                                                                                     | 1060                                                                                       |                                                                                                                                                                                              |                                        |                          |                   |
| Official Form                                                                                                     |                                                                                            |                                                                                                                                                                                              |                                        |                          |                   |
| Schedule I                                                                                                        | D: Creditors                                                                               | Who Have Claims Secured                                                                                                                                                                      | by Propert                             | У                        | 12/15             |
|                                                                                                                   |                                                                                            | If two married people are filing together, both are equout, number the entries, and attach it to this form. Or                                                                               |                                        |                          |                   |
| . Do any creditors h                                                                                              | nave claims secured by                                                                     | your property?                                                                                                                                                                               |                                        |                          |                   |
| ☐ No. Check                                                                                                       | this box and submit t                                                                      | nis form to the court with your other schedules. Yo                                                                                                                                          | ou have nothing else t                 | o report on this form.   |                   |
|                                                                                                                   | all of the information                                                                     | •                                                                                                                                                                                            | · ·                                    | ·                        |                   |
|                                                                                                                   |                                                                                            | bolow.                                                                                                                                                                                       |                                        |                          |                   |
|                                                                                                                   | Secured Claims                                                                             |                                                                                                                                                                                              | Column A                               | Column B                 | Column C          |
|                                                                                                                   |                                                                                            | nore than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As                                                                         | Amount of claim                        | Value of collateral      | Unsecured         |
| much as possible, lis                                                                                             | t the claims in alphabeti                                                                  | cal order according to the creditor's name.                                                                                                                                                  | Do not deduct the value of collateral. | that supports this claim | portion<br>If any |
| 2.1 Merrick Ba                                                                                                    | ınk                                                                                        | Describe the property that secures the claim:                                                                                                                                                | \$13,470.00                            | \$23,750.00              | \$0.00            |
| Creditor's Name                                                                                                   |                                                                                            | 2018 Keystone RV Bullet Ultra Lite<br>Series M-243 BHS                                                                                                                                       | . ,                                    |                          |                   |
|                                                                                                                   | 000                                                                                        | As of the date you file, the claim is: Check all that apply.                                                                                                                                 |                                        |                          |                   |
| P.O. Box 5                                                                                                        |                                                                                            | <u></u> ·                                                                                                                                                                                    |                                        |                          |                   |
| Draper, UT                                                                                                        | 84020                                                                                      | Contingent                                                                                                                                                                                   |                                        |                          |                   |
| Draper, UT                                                                                                        |                                                                                            | Contingent Unliquidated                                                                                                                                                                      |                                        |                          |                   |
| Draper, UT  Number, Street, 0                                                                                     | T 84020<br>City, State & Zip Code                                                          | ☐ Contingent ☐ Unliquidated ☐ Disputed                                                                                                                                                       |                                        |                          |                   |
| Draper, UT  Number, Street, 0  Who owes the deb                                                                   | T 84020<br>City, State & Zip Code                                                          | ☐ Contingent ☐ Unliquidated ☐ Disputed  Nature of lien. Check all that apply.                                                                                                                | urod                                   |                          |                   |
| Draper, UT  Number, Street, 0  Who owes the deb  Debtor 1 only                                                    | T 84020<br>City, State & Zip Code                                                          | ☐ Contingent ☐ Unliquidated ☐ Disputed                                                                                                                                                       | ured                                   |                          |                   |
| Draper, UT  Number, Street, 0  Who owes the deb  Debtor 1 only  Debtor 2 only                                     | 84020 City, State & Zip Code ot? Check one.                                                | ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ■ An agreement you made (such as mortgage or sec car loan)                                                      | ured                                   |                          |                   |
| Draper, UT  Number, Street, 0  Who owes the deb  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 1 and Debtor 1 | 84020 City, State & Zip Code ot? Check one.                                                | ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ■ An agreement you made (such as mortgage or sec car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) | ured                                   |                          |                   |
| Draper, UT  Number, Street, 0  Who owes the deb  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 1 and Debtor 1 | City, State & Zip Code  ot? Check one.  otor 2 only e debtors and another  im relates to a | ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ■ An agreement you made (such as mortgage or sec car loan)                                                      | ured                                   |                          |                   |

Active

Date debt was incurred 5/04/22

0218

Last 4 digits of account number

| Debtor 1 Eric James Hardy                                                             |                                                                                                                                                                                      | Case number (if known)                 |                             |           |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------|-----------|
| First Name Middle                                                                     | Name Last Name                                                                                                                                                                       | -                                      |                             |           |
| Wells Fargo Dealer<br>Services                                                        | Describe the property that secures the claim:                                                                                                                                        | \$20,721.77                            | \$22,230.00                 | \$0.00    |
| Creditor's Name                                                                       | 2020 Toyota Corolla Hybrid LE<br>Sedan 4D                                                                                                                                            |                                        |                             |           |
| 1100 Corporate Center<br>Drive<br>Raleigh, NC 27607                                   | As of the date you file, the claim is: Check all that apply.  Contingent                                                                                                             | J                                      |                             |           |
| Number, Street, City, State & Zip Code                                                | ☐ Unliquidated ☐ Disputed                                                                                                                                                            |                                        |                             |           |
| Who owes the debt? Check one.                                                         | Nature of lien. Check all that apply.                                                                                                                                                |                                        |                             |           |
| ■ Debtor 1 only □ Debtor 2 only                                                       | An agreement you made (such as mortgage or<br>car loan)                                                                                                                              | secured                                |                             |           |
| Debtor 1 and Debtor 2 only                                                            | ☐ Statutory lien (such as tax lien, mechanic's lien                                                                                                                                  | )                                      |                             |           |
| ☐ At least one of the debtors and another                                             | ☐ Judgment lien from a lawsuit                                                                                                                                                       | ,                                      |                             |           |
| ☐ Check if this claim relates to a community debt                                     | Other (including a right to offset)                                                                                                                                                  |                                        |                             |           |
| Opened<br>05/19 Last<br>Active                                                        |                                                                                                                                                                                      |                                        |                             |           |
| Date debt was incurred 4/29/22                                                        | Last 4 digits of account number 428                                                                                                                                                  | 9                                      |                             |           |
| 2.3 William D. Johns                                                                  | Describe the property that secures the claim:                                                                                                                                        | \$20,286.70                            | \$90,000.00                 | \$0.00    |
| Creditor's Name                                                                       | 6362 Atwater Jordan Atwater, CA 95301                                                                                                                                                |                                        |                             |           |
| Stockton Mortgage, Inc.<br>6820 Pacific Avenue<br>Stockton, CA 95207                  | As of the date you file, the claim is: Check all that apply.  Contingent                                                                                                             |                                        |                             |           |
| Number, Street, City, State & Zip Code                                                | Unliquidated                                                                                                                                                                         |                                        |                             |           |
| Who owes the debt? Check one.                                                         | ☐ Disputed  Nature of lien. Check all that apply.                                                                                                                                    |                                        |                             |           |
| Debtor 1 only                                                                         | An agreement you made (such as mortgage or                                                                                                                                           | acquired                               |                             |           |
| Debtor 2 only                                                                         | car loan)                                                                                                                                                                            | secureu                                |                             |           |
| Debtor 1 and Debtor 2 only                                                            | ☐ Statutory lien (such as tax lien, mechanic's lien                                                                                                                                  | )                                      |                             |           |
| ☐ At least one of the debtors and another                                             | ☐ Judgment lien from a lawsuit                                                                                                                                                       | ,                                      |                             |           |
| ☐ Check if this claim relates to a community debt                                     | Other (including a right to offset)                                                                                                                                                  |                                        |                             |           |
| Date debt was incurred 03/27/2019                                                     | Last 4 digits of account number 335                                                                                                                                                  | 4                                      |                             |           |
|                                                                                       |                                                                                                                                                                                      |                                        |                             |           |
| Add the dollar value of your entries in<br>If this is the last page of your form, add | Column A on this page. Write that number here:                                                                                                                                       | \$54,478.4                             |                             |           |
| Write that number here:                                                               | The donar value totals from all pages.                                                                                                                                               | \$54,478.4                             | 7                           |           |
| Part 2: List Others to Be Notified f                                                  | or a Debt That You Already Listed                                                                                                                                                    |                                        |                             |           |
| trying to collect from you for a debt you                                             | be notified about your bankruptcy for a debt that y<br>owe to someone else, list the creditor in Part 1, an<br>at you listed in Part 1, list the additional creditors I<br>his page. | d then list the collection agenc       | y here. Similarly, if you h | nave more |
| Name, Number, Street, City, State Ress Financial Corporation                          |                                                                                                                                                                                      | which line in Part 1 did you enter     | the creditor? 2.3           |           |
| 1780 Town and Country I<br>Norco, CA 92860-3618                                       |                                                                                                                                                                                      | t 4 digits of account number <b>55</b> | <u>51</u>                   |           |

| 00/(                         | 301 <i>22</i>                                                 |                                                                                              |                                                         | Ousc 22 2141                                                                                         |                                                                                                                                             |                                 |                                                    |
|------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------|
| Fill in                      | this inform                                                   | nation to identify your                                                                      | case:                                                   |                                                                                                      |                                                                                                                                             | 1                               |                                                    |
|                              |                                                               |                                                                                              |                                                         |                                                                                                      |                                                                                                                                             | 4                               |                                                    |
| Debto                        | or 1                                                          | Eric James Hardy                                                                             | Middle Na                                               | me Last Name                                                                                         |                                                                                                                                             |                                 |                                                    |
| Debto                        | or 2                                                          | i iist ivailie                                                                               | Middle Na                                               | me Last Name                                                                                         |                                                                                                                                             |                                 |                                                    |
|                              | e if, filing)                                                 | First Name                                                                                   | Middle Na                                               | me Last Name                                                                                         | !                                                                                                                                           |                                 |                                                    |
| Unite                        | d States Ba                                                   | nkruptcy Court for the:                                                                      | EASTERN D                                               | ISTRICT OF CALIFORNIA                                                                                |                                                                                                                                             |                                 |                                                    |
| Case                         | number                                                        |                                                                                              |                                                         |                                                                                                      |                                                                                                                                             |                                 |                                                    |
| (if know                     | _                                                             |                                                                                              |                                                         | -                                                                                                    |                                                                                                                                             |                                 | Check if this is an                                |
|                              |                                                               |                                                                                              |                                                         |                                                                                                      |                                                                                                                                             | Э                               | amended filing                                     |
| ∩ffi.c                       | sial Earn                                                     | n 106E/F                                                                                     |                                                         |                                                                                                      |                                                                                                                                             |                                 |                                                    |
|                              |                                                               |                                                                                              | lha Hava                                                | Uncoured Claim                                                                                       |                                                                                                                                             |                                 | 12/15                                              |
|                              |                                                               |                                                                                              |                                                         | Unsecured Claims                                                                                     | od Part 2 for creditors with NON                                                                                                            | UDDIODITY -I-                   |                                                    |
| ichedi<br>ichedi<br>eft. Att | ule G: Execu<br>ule D: Credit<br>tach the Cor<br>and case nur | ntory Contracts and Unexpors Who Have Claims Secutinuation Page to this pagenber (if known). | ired Leases (Of<br>ured by Propert<br>je. If you have n | iicial Form 106G). Do not inclu<br>y. If more space is needed, co<br>o information to report in a Pa | ry contracts on Schedule A/B:<br>de any creditors with partially<br>by the Part you need, fill it out,<br>rt, do not file that Part. On the | secured claims<br>number the en | s that are listed in<br>ntries in the boxes on the |
| Part 1                       |                                                               | II of Your PRIORITY Un                                                                       |                                                         |                                                                                                      |                                                                                                                                             |                                 |                                                    |
| _                            | _                                                             | ors have priority unsecure                                                                   | d claims agains                                         | t you?                                                                                               |                                                                                                                                             |                                 |                                                    |
|                              | No. Go to F                                                   | Part 2.                                                                                      |                                                         |                                                                                                      |                                                                                                                                             |                                 |                                                    |
|                              | Yes.                                                          |                                                                                              |                                                         |                                                                                                      |                                                                                                                                             |                                 |                                                    |
| Part 2                       | 2: List Λ                                                     | II of Your NONPRIORIT                                                                        | V Uneacured                                             | Claime                                                                                               |                                                                                                                                             |                                 |                                                    |
|                              |                                                               | ors have nonpriority unsec                                                                   |                                                         |                                                                                                      |                                                                                                                                             |                                 |                                                    |
| _                            | •                                                             |                                                                                              | _                                                       | •                                                                                                    | aha dulaa                                                                                                                                   |                                 |                                                    |
| _                            | ⊒ No. You na<br>_                                             | ve nothing to report in this p                                                               | ari. Sudmii inis i                                      | orm to the court with your other s                                                                   | criedules.                                                                                                                                  |                                 |                                                    |
|                              | Yes.                                                          |                                                                                              |                                                         |                                                                                                      |                                                                                                                                             |                                 |                                                    |
| ur<br>th                     | nsecured clair                                                | m, list the creditor separately                                                              | y for each claim.                                       | For each claim listed, identify wh                                                                   | who holds each claim. If a credit at type of claim it is. Do not list claim three nonpriority unsecured on                                  | laims already inc               | cluded in Part 1. If more                          |
|                              |                                                               |                                                                                              |                                                         |                                                                                                      |                                                                                                                                             |                                 | Total claim                                        |
| 4.1                          | AmerAs                                                        | ssist                                                                                        |                                                         | Last 4 digits of account numb                                                                        | er <b>9065</b>                                                                                                                              |                                 | \$1,409.00                                         |
|                              |                                                               | y Creditor's Name                                                                            |                                                         |                                                                                                      |                                                                                                                                             |                                 | <del></del>                                        |
|                              |                                                               | ·lutions, Inc.<br>chrock Road, Suite #                                                       |                                                         | When was the debt incurred?                                                                          | Opened 06/21                                                                                                                                |                                 | _                                                  |
|                              |                                                               | ous, OH 43229                                                                                | 00 <u>2</u>                                             |                                                                                                      |                                                                                                                                             |                                 |                                                    |
|                              | Number S                                                      | treet City State Zip Code                                                                    |                                                         | As of the date you file, the clai                                                                    | m is: Check all that apply                                                                                                                  |                                 |                                                    |
|                              | Who incu                                                      | rred the debt? Check one.                                                                    |                                                         |                                                                                                      |                                                                                                                                             |                                 |                                                    |
|                              | Debtor                                                        | 1 only                                                                                       |                                                         | ☐ Contingent                                                                                         |                                                                                                                                             |                                 |                                                    |
|                              | ☐ Debtor                                                      | 2 only                                                                                       |                                                         | ☐ Unliquidated                                                                                       |                                                                                                                                             |                                 |                                                    |
|                              | ☐ Debtor                                                      | 1 and Debtor 2 only                                                                          |                                                         | ☐ Disputed                                                                                           |                                                                                                                                             |                                 |                                                    |
|                              | ☐ At leas                                                     | et one of the debtors and and                                                                | Julei                                                   | Type of NONPRIORITY unsecu                                                                           | red claim:                                                                                                                                  |                                 |                                                    |
|                              |                                                               | if this claim is for a com                                                                   | nunity                                                  | Student loans                                                                                        |                                                                                                                                             |                                 |                                                    |
|                              | debt                                                          | im subject to offset?                                                                        |                                                         | Obligations arising out of a sireport as priority claims                                             | eparation agreement or divorce the                                                                                                          | nat you did not                 |                                                    |
|                              | ■ No                                                          | in Subject to Oliset?                                                                        |                                                         | <u> </u>                                                                                             | aring plans, and other similar deb                                                                                                          | nts                             |                                                    |
|                              |                                                               |                                                                                              |                                                         | , ,                                                                                                  | • •                                                                                                                                         |                                 |                                                    |
|                              | ☐ Yes                                                         |                                                                                              |                                                         | Other. Specify Collection                                                                            | n Agency for Tracy Smi                                                                                                                      | 162                             | _                                                  |
|                              |                                                               |                                                                                              |                                                         |                                                                                                      |                                                                                                                                             |                                 |                                                    |

| Debtor '                       | Eric Jam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | es Hardy                                                                                                                                                                                |                                                                                                                                           | Case nu        | ımber (if kno                 | own)                                                                                |                                               |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------|
|                                | Synchrony<br>Nonpriority Cre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Bank / Car Care                                                                                                                                                                         | Last 4 digits of account number                                                                                                           | 8971           |                               | -                                                                                   | \$724.00                                      |
|                                | P.O. Box 96<br>Orlando, Fl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 55064                                                                                                                                                                                   | When was the debt incurred?                                                                                                               | Open<br>5/15/2 |                               | Last Active                                                                         |                                               |
| -                              | Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | City State Zip Code the debt? Check one.                                                                                                                                                | As of the date you file, the claim                                                                                                        | is: Check      | all that appl                 | у                                                                                   |                                               |
|                                | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                         |                                                                                                                                           |                |                               |                                                                                     |                                               |
|                                | Debtor 1 on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                                                                                                                                                                                       | Contingent                                                                                                                                |                |                               |                                                                                     |                                               |
|                                | Debtor 2 on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                                                                                                                                                                                       | Unliquidated                                                                                                                              |                |                               |                                                                                     |                                               |
|                                | Debtor 1 an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | d Debtor 2 only                                                                                                                                                                         | Disputed                                                                                                                                  |                |                               |                                                                                     |                                               |
|                                | ☐ At least one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | of the debtors and another                                                                                                                                                              | Type of NONPRIORITY unsecure                                                                                                              | d claim:       |                               |                                                                                     |                                               |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | is claim is for a community                                                                                                                                                             | ☐ Student loans                                                                                                                           |                |                               |                                                                                     |                                               |
|                                | debt<br>Is the claim su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | bject to offset?                                                                                                                                                                        | Obligations arising out of a separeport as priority claims                                                                                | aration ag     | reement or o                  | divorce that you did not                                                            |                                               |
|                                | No No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ibject to offset:                                                                                                                                                                       | Debts to pension or profit-sharir                                                                                                         | na nlane a     | and other sir                 | nilar dehts                                                                         |                                               |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                           |                | and other sir                 | miar debis                                                                          |                                               |
|                                | ☐ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                         | Other. Specify Charge Ca                                                                                                                  | ra             |                               |                                                                                     |                                               |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Bank / Care Credit                                                                                                                                                                      | Last 4 digits of account number                                                                                                           | 0176           |                               | _                                                                                   | \$3,851.00                                    |
|                                | Nonpriority Cre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ditor's Name                                                                                                                                                                            |                                                                                                                                           | Open           | od 01/20                      | Last Active                                                                         |                                               |
|                                | P.O. Box 96<br>Orlando, Fl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                         | When was the debt incurred?                                                                                                               | 5/08/2         |                               | Last Active                                                                         |                                               |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City State Zip Code                                                                                                                                                                     | As of the date you file, the claim                                                                                                        | is: Check      | all that appl                 | y                                                                                   |                                               |
|                                | Who incurred                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | the debt? Check one.                                                                                                                                                                    |                                                                                                                                           |                |                               |                                                                                     |                                               |
|                                | Debtor 1 on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ly                                                                                                                                                                                      | ☐ Contingent                                                                                                                              |                |                               |                                                                                     |                                               |
|                                | Debtor 2 on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ly                                                                                                                                                                                      | ☐ Unliquidated                                                                                                                            |                |                               |                                                                                     |                                               |
|                                | Debtor 1 an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | d Debtor 2 only                                                                                                                                                                         | ☐ Disputed                                                                                                                                |                |                               |                                                                                     |                                               |
|                                | ☐ At least one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | of the debtors and another                                                                                                                                                              | Type of NONPRIORITY unsecure                                                                                                              | d claim:       |                               |                                                                                     |                                               |
|                                | ☐ Check if th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | is claim is for a community                                                                                                                                                             | ☐ Student loans                                                                                                                           |                |                               |                                                                                     |                                               |
|                                | debt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ubject to offset?                                                                                                                                                                       | Obligations arising out of a separeport as priority claims                                                                                | aration ag     | reement or o                  | divorce that you did not                                                            |                                               |
|                                | ■ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ,                                                                                                                                                                                       | ☐ Debts to pension or profit-sharir                                                                                                       | ng plans, a    | and other sin                 | milar debts                                                                         |                                               |
|                                | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                         | Other. Specify Charge Cal                                                                                                                 |                |                               |                                                                                     |                                               |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                           |                |                               |                                                                                     |                                               |
| is tryin have motified Part 4: | s page only if ag to collect from the co | om you for a debt you owe to som<br>creditor for any of the debts that y<br>s in Parts 1 or 2, do not fill out or s<br>mounts for Each Type of Uns-<br>certain types of unsecured claim | out your bankruptcy, for a debt that yeone else, list the original creditor in you listed in Parts 1 or 2, list the addisubmit this page. | n Parts 1 o    | or 2, then li<br>editors here | st the collection agency<br>e. If you do not have addi<br>only. 28 U.S.C. §159. Add | here. Similarly, if you itional persons to be |
|                                | 6a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Domestic support obligations                                                                                                                                                            |                                                                                                                                           | 6a.            | \$                            | Total Claim 0.00                                                                    |                                               |
| Total                          | Ja.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | - c.moono capport obligations                                                                                                                                                           |                                                                                                                                           | ou.            | Ψ                             | 0.00                                                                                |                                               |
| claims<br>from Par             | 44 6h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Taxes and certain other debts y                                                                                                                                                         | rou owe the government                                                                                                                    | 6h             | •                             | 0.00                                                                                |                                               |
| IIOIII Fai                     | <b>t 1</b> 6b. 6c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Claims for death or personal in                                                                                                                                                         | •                                                                                                                                         | 6b.<br>6c.     | \$<br>                        | 0.00                                                                                |                                               |
|                                | 6d.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                         | cured claims. Write that amount here.                                                                                                     | 6d.            | \$                            | 0.00                                                                                |                                               |
|                                | 6e.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Total Priority. Add lines 6a through                                                                                                                                                    | gh 6d                                                                                                                                     | 6e.            | \$                            | 0.00                                                                                |                                               |
|                                | 30.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                         | <b>y</b>                                                                                                                                  |                |                               | 0.00                                                                                |                                               |
|                                | 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Otondant la con                                                                                                                                                                         |                                                                                                                                           | 01             |                               | Total Claim                                                                         |                                               |
| Total                          | 6f.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Student loans                                                                                                                                                                           |                                                                                                                                           | 6f.            | \$                            | 0.00                                                                                |                                               |
| claims<br>from Par             | r <b>t 2</b> 6g.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                         | aration agreement or divorce that                                                                                                         | 6g.            | \$                            | 0.00                                                                                |                                               |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | you did not report as priority cla                                                                                                                                                      | aiiiia                                                                                                                                    | ~ყ.            | Ψ                             |                                                                                     |                                               |

#### Debtor 1 Eric James Hardy

Case number (if known)

- 6h. Debts to pension or profit-sharing plans, and other similar debts
- Other. Add all other nonpriority unsecured claims. Write that amount here
- 6j. Total Nonpriority. Add lines 6f through 6i.

| 6h. | \$<br>0.00     |
|-----|----------------|
| 6i. | \$<br>5,984.00 |

6j. **5,984.00** 

| Fill in this infor     | nation to identify your  | case:              |              |  |  |  |  |
|------------------------|--------------------------|--------------------|--------------|--|--|--|--|
| Debtor 1               | Eric James Hardy         |                    |              |  |  |  |  |
|                        | First Name               | Middle Name        | Last Name    |  |  |  |  |
| Debtor 2               |                          |                    |              |  |  |  |  |
| (Spouse if, filing)    | First Name               | Middle Name        | Last Name    |  |  |  |  |
| United States Ba       | inkruptcy Court for the: | EASTERN DISTRICT O | F CALIFORNIA |  |  |  |  |
| Case number (if known) |                          |                    |              |  |  |  |  |

☐ Check if this is an amended filing

### Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 2.1 Elks Lodge                                                                                               | Month to Month RV Lot Rent              |
| 6400 Eleventh Street                                                                                         | 1416 Holly Drive                        |
| Tracy, CA 95304                                                                                              | Tracy, CA 95736                         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ormation to identify your                                                                        | case:                                                        |                                                |                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Eric James Hardy                                                                                 | Middle Name                                                  | Last Name                                      |                                                                                                                                                                              |
| Debtor 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | . not rains                                                                                      | madio (tame                                                  | <u>Laot Hamo</u>                               |                                                                                                                                                                              |
| (Spouse if, filing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | First Name                                                                                       | Middle Name                                                  | Last Name                                      |                                                                                                                                                                              |
| United States                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Bankruptcy Court for the:                                                                        | EASTERN DISTRICT OF C                                        | CALIFORNIA                                     |                                                                                                                                                                              |
| Case number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                  |                                                              |                                                |                                                                                                                                                                              |
| (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                  |                                                              |                                                | ☐ Check if this is an                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |                                                              |                                                | amended filing                                                                                                                                                               |
| Official F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | orm 106H                                                                                         |                                                              |                                                |                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e H: Your Cod                                                                                    | obtore                                                       |                                                | 4045                                                                                                                                                                         |
| Schedul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | е п. Tour Cou                                                                                    | entors                                                       |                                                | 12/15                                                                                                                                                                        |
| eople are filing ill it out, and note a | ng together, both are equ<br>number the entries in the<br>d case number (if known)               | ally responsible for supplyi                                 | ng correct information<br>e Additional Page to | complete and accurate as possible. If two married on. If more space is needed, copy the Additional Page, this page. On the top of any Additional Pages, write as a codebtor. |
| ■ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                              |                                                |                                                                                                                                                                              |
| ☐ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                  |                                                              |                                                |                                                                                                                                                                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  | Nevada, New Mexico, Puerto                                   |                                                | ? (Community property states and territories include agton, and Wisconsin.)                                                                                                  |
| □ No. Go                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | to line 2                                                                                        |                                                              |                                                |                                                                                                                                                                              |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                  | use, or legal equivalent live wi                             | th you at the time?                            |                                                                                                                                                                              |
| — 100. Di                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | a your spouse, former spou                                                                       | ace, or legal equivalent live wi                             | ar you at the time.                            |                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |                                                              |                                                |                                                                                                                                                                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | In which community state Michelle Hardy 2941 West Lowell Av Tracy, CA 95377                      | e or territory did you live?                                 | California                                     | Fill in the name and current address of that person.                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name of your spouse, former spo<br>Number, Street, City, State & Zip                             |                                                              |                                                |                                                                                                                                                                              |
| in line 2 a<br>Form 106<br>out Colur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | n 1, list all of your codebt<br>gain as a codebtor only i<br>D), Schedule E/F (Official<br>nn 2. | ors. Do not include your spo<br>f that person is a guarantor | or cosigner. Make s                            | f your spouse is filing with you. List the person shown ure you have listed the creditor on Schedule D (Officia G). Use Schedule D, Schedule E/F, or Schedule G to fil       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | umn 1: Your codebtor<br>e, Number, Street, City, State and Zl                                    | P Code                                                       |                                                | Column 2: The creditor to whom you owe the debt Check all schedules that apply:                                                                                              |
| 3.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                  |                                                              |                                                | ☐ Schedule D, line                                                                                                                                                           |
| Nam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | е                                                                                                |                                                              |                                                | ☐ Schedule E/F, line                                                                                                                                                         |
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| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                  | State                                                        | ZIP Code                                       |                                                                                                                                                                              |
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| 3.2 Nam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Δ                                                                                                |                                                              |                                                | Schedule D, line                                                                                                                                                             |
| ivaiii                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -                                                                                                |                                                              |                                                | ☐ Schedule E/F, line<br>☐ Schedule G, line                                                                                                                                   |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                  |                                                              |                                                | - Conedule O, line                                                                                                                                                           |
| Num<br>City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ber Street                                                                                       | State                                                        | ZIP Code                                       |                                                                                                                                                                              |
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| Dok                       | n this information to identify your control    Fric. James                                                                                                                                                                                                                                                                                                                                    | Llandy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Jer                       | etor 1 Eric James                                                                                                                                                                                                                                                                                                                                                                             | нагау                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                           | otor 2                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Jni                       | ed States Bankruptcy Court for the                                                                                                                                                                                                                                                                                                                                                            | : EASTERN DISTRICT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OF CALIFORNIA                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                           | e number                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                                                                                                                                                                   | Check if this is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| f kn                      | own)                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     | ☐ An amended filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                           |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     | ☐ A supplement showing postpetition chapt<br>13 income as of the following date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <u>O</u> 1                | ficial Form 106I                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     | MM / DD/ YYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| So                        | chedule I: Your Inc                                                                                                                                                                                                                                                                                                                                                                           | omo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| e a<br>upp<br>poi         | s complete and accurate as possiblying correct information. If you use. If you are separated and you                                                                                                                                                                                                                                                                                          | sible. If two married per<br>are married and not fili<br>or spouse is not filing w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ng jointly, and your spouse is livi                                                                                                                                                                 | and Debtor 2), both are equally responsible for<br>ng with you, include information about your<br>n about your spouse. If more space is neede<br>case number (if known). Answer every ques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| e a<br>upp<br>poi<br>ttac | s complete and accurate as possolying correct information. If you use. If you are separated and youth a separate sheet to this form.                                                                                                                                                                                                                                                          | sible. If two married per<br>are married and not fili<br>or spouse is not filing w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ng jointly, and your spouse is livi                                                                                                                                                                 | and Debtor 2), both are equally responsible for<br>ng with you, include information about your<br>n about your spouse. If more space is neede                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| e a<br>uppoint            | s complete and accurate as possolying correct information. If you use, if you are separated and you ch a separate sheet to this form.  11: Describe Employment information.  If you have more than one job,                                                                                                                                                                                   | sible. If two married per<br>are married and not fili<br>ir spouse is not filing w<br>On the top of any addit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ng jointly, and your spouse is livi<br>ith you, do not include informatic<br>ional pages, write your name and                                                                                       | and Debtor 2), both are equally responsible for<br>ng with you, include information about your<br>n about your spouse. If more space is neede<br>case number (if known). Answer every ques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| e a<br>uppoint            | s complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  11: Describe Employment information.  If you have more than one job, attach a separate page with information about additional                                                                                                                         | sible. If two married per<br>are married and not fili<br>or spouse is not filing w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ng jointly, and your spouse is livi ith you, do not include informatic ional pages, write your name and                                                                                             | and Debtor 2), both are equally responsible for going with you, include information about your n about your spouse. If more space is needed case number (if known). Answer every ques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| e a<br>upp<br>poi<br>ttac | s complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  11: Describe Employment information.  If you have more than one job, attach a separate page with                                                                                                                                                      | sible. If two married per<br>are married and not fili<br>ir spouse is not filing w<br>On the top of any addit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ng jointly, and your spouse is livi ith you, do not include informatic ional pages, write your name and  Debtor 1  Employed                                                                         | nd Debtor 2), both are equally responsible for my with you, include information about your n about your spouse. If more space is needed case number (if known). Answer every ques  Debtor 2 or non-filing spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| e a<br>upp<br>poi<br>ttac | s complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  11: Describe Employment information.  If you have more than one job, attach a separate page with information about additional                                                                                                                         | sible. If two married per are married and not fill it spouse is not filling won the top of any addit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ng jointly, and your spouse is livirith you, do not include informaticional pages, write your name and  Debtor 1  Employed  Not employed                                                            | nd Debtor 2), both are equally responsible for the following with you, include information about your n about your spouse. If more space is needed case number (if known). Answer every question in the following process of |
| e a<br>upp<br>poi<br>ttac | s complete and accurate as possolying correct information. If you use. If you are separated and you ch a separate sheet to this form.  1: Describe Employment  Fill in your employment  information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student | sible. If two married per are married and not filing work on the top of any addit Employment status  Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ng jointly, and your spouse is livirith you, do not include informaticitional pages, write your name and  Debtor 1  Employed  Not employed  Maintenance                                             | nd Debtor 2), both are equally responsible for the following with you, include information about your n about your spouse. If more space is needed case number (if known). Answer every question in the following process of |
| e a<br>upp<br>poi<br>ttac | s complete and accurate as possolying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment  Fill in your employment  information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.                                    | Sible. If two married per are married and not filing work on the top of any addit such that the top of any additional such that the top o | ng jointly, and your spouse is livirith you, do not include informaticitional pages, write your name and  Debtor 1  Employed  Not employed  Maintenance                                             | nd Debtor 2), both are equally responsible for the following with you, include information about your n about your spouse. If more space is needed case number (if known). Answer every question in the following process of |
| Be a<br>suppos<br>spoot   | s complete and accurate as possolying correct information. If you use. If you are separated and you ch a separate sheet to this form.  1: Describe Employment  Fill in your employment  information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student | Sible. If two married per are married and not filing work on the top of any addit such that the top of any additional such that the top o | ng jointly, and your spouse is livirith you, do not include informaticitional pages, write your name and  Debtor 1  Employed  Not employed  Maintenance  Spin Cycle Laundry Lounge  Tracy, CA 95376 | nd Debtor 2), both are equally responsible for the following with you, include information about your n about your spouse. If more space is needed case number (if known). Answer every question in the following process of |

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll 2.

- deductions). If not paid monthly, calculate what the monthly wage would be.
- Estimate and list monthly overtime pay.
- Calculate gross Income. Add line 2 + line 3.

|    |     |          | non-till | ng spouse |
|----|-----|----------|----------|-----------|
| 2. | \$  | 1,961.55 | \$       | N/A       |
| 3. | +\$ | 0.00     | +\$      | N/A       |
| 4. | \$  | 1,961.55 | \$       | N/A       |

For Debtor 2 or

For Debtor 1

| Deb | tor 1              | Eric James Hardy                                                                                                                                                                                                                                                                                                                       |            | С    | ase number (if kno                      | wn)           |            |                        |                  |                 |
|-----|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------|-----------------------------------------|---------------|------------|------------------------|------------------|-----------------|
|     | Cor                | by line 4 here                                                                                                                                                                                                                                                                                                                         | 4.         |      | For Debtor 1<br>\$ 1,961.               | 55            |            | Debtor 2<br>-filing sp |                  |                 |
|     | -                  |                                                                                                                                                                                                                                                                                                                                        | ٦.         | •    | Ψ 1,901.                                | <del>55</del> | Ψ          |                        | INA              | -               |
| 5.  |                    | all payroll deductions:                                                                                                                                                                                                                                                                                                                | _          |      | _                                       |               |            |                        |                  |                 |
|     | 5a.                | Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                                                                          | 5a.        |      | \$ <u>207.</u>                          |               | \$         |                        | N/A              | -               |
|     | 5b.                | Mandatory contributions for retirement plans                                                                                                                                                                                                                                                                                           | 5b.        |      |                                         | 00            | \$         |                        | N/A              | -               |
|     | 5c.                | Voluntary contributions for retirement plans                                                                                                                                                                                                                                                                                           | 5c.        |      |                                         | 00            | \$_        |                        | N/A              |                 |
|     | 5d.                | Required repayments of retirement fund loans                                                                                                                                                                                                                                                                                           | 5d.        |      |                                         | 00            | \$         |                        | N/A              | -               |
|     | 5e.<br>5f.         | Insurance Domestic support obligations                                                                                                                                                                                                                                                                                                 | 5e.<br>5f. |      | · — — — — — — — — — — — — — — — — — — — | 00            | \$<br>     |                        | N/A              | -               |
|     | 5g.                | Union dues                                                                                                                                                                                                                                                                                                                             | 5g.        |      | •                                       | 00<br>00      | - \$<br>\$ |                        | N/A<br>N/A       |                 |
|     | 5y.<br>5h.         | Other deductions. Specify:                                                                                                                                                                                                                                                                                                             | 5h.        |      | ·                                       | 00            | · · —      |                        | N/A              | -               |
| ^   |                    |                                                                                                                                                                                                                                                                                                                                        |            |      | ·                                       |               |            |                        |                  | -               |
| 6.  |                    | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                                                                           | 6.         | 9    |                                         |               | \$         |                        | N/A              | -               |
| 7.  |                    | culate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                                                                                       | 7.         | 9    | 1,753.                                  | 92            | \$         |                        | N/A              |                 |
| 8.  | List<br>8a.        | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                                                        | 8a.        | _ :  | \$ 0.                                   | 00            | \$         |                        | N/A              |                 |
|     | 8b.                | Interest and dividends                                                                                                                                                                                                                                                                                                                 | 8b.        |      |                                         | 00            | \$         |                        | N/A              |                 |
|     | 8c.                | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                                                                                                     | 8c.        | . :  | \$0.                                    | 00            | \$         |                        | N/A              | -               |
|     | 8d.                | Unemployment compensation                                                                                                                                                                                                                                                                                                              | 8d.        | . :  | \$ 0.                                   | 00            | \$         |                        | N/A              |                 |
|     | 8e.                | Social Security                                                                                                                                                                                                                                                                                                                        | 8e.        | . :  | \$ 2,641.                               | 00            | \$         |                        | N/A              | _               |
|     | 8f.<br>8g.         | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Daughter's Social Security Income Pension or retirement income | 8f.<br>8g. | . :  |                                         | 00            | \$<br>     |                        | N/A<br>N/A       |                 |
|     | 8h.                | Other monthly income. Specify:                                                                                                                                                                                                                                                                                                         | 8h.        | .+ : | \$0.                                    | 00            | + \$       |                        | N/A              | -               |
| 9.  | Add                | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                                                                                 | 9.         | \$   | 2,992.                                  | 00            | \$         |                        | N/A              | <b>\</b>        |
| 10  | Cal                | culate monthly income. Add line 7 + line 9.                                                                                                                                                                                                                                                                                            | 10.        | \$   | 4,745.92                                | - S           |            | N/A                    | = \$             | 4,745.92        |
|     |                    | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                                                                               |            | *-   | 4,140.02                                | * -           |            | -14/4                  | -                | 7,7 70.02       |
| 11. | Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:                                                             | depe       |      | .,                                      |               | ,          | Schedule<br>11.        |                  | 0.00            |
| 12. |                    | If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certain lies                                                                                                                                                                       |            |      |                                         |               |            | 12.                    | \$               | 4,745.92        |
| 13. | Do :               | you expect an increase or decrease within the year after you file this form' No.                                                                                                                                                                                                                                                       | ?          |      |                                         |               |            |                        | Combir<br>monthl | ned<br>y income |
|     | _                  | Yes, Explain:                                                                                                                                                                                                                                                                                                                          |            |      |                                         |               |            |                        |                  | -               |

| Debtor 2   Class filting   Class   A supplement showing postpetition chapter (3 september 3) and permeter showing postpetition chapter (3 september 3) applement showing postpetition chapter (4 september 3) applement showing postpet | Fill       | in this information to identify your case:                                                                                            |                       |                 |                |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------|----------------|---------------------------|
| Debtor 2   Seponse, stilling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Deb        | tor 1 Eric James Hardy                                                                                                                |                       | Check           | t if this is:  |                           |
| Spouse, if filings   United States Bankruptcy Court for the:   EASTERN DISTRICT OF CALIFORNIA   MM / DD / YYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Deh        | tor 2                                                                                                                                 |                       |                 | J              | ving postpetition chapter |
| Case number (It known)    Comparison   Compa |            |                                                                                                                                       |                       |                 |                |                           |
| Official Form 106J Schedule J: Your Expenses  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, if more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part :: Describe Your Household  Is this a joint case?  No, Go to line 2.  Yes. Does Debtor 2 live in a separate household?  No Correct of the property  | Unit       | ed States Bankruptcy Court for the: EASTERN DISTRICT OF CALIFO                                                                        | DRNIA                 | N               | MM / DD / YYYY |                           |
| Official Form 106J Schedule J: Your Expenses  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part  :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Cas        | e number                                                                                                                              |                       |                 |                |                           |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part     Describe Your Household                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (If ki     | nown)                                                                                                                                 |                       |                 |                |                           |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Of         | fficial Form 106J                                                                                                                     |                       |                 |                |                           |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | S          | chedule J: Your Expenses                                                                                                              |                       |                 |                | 12/15                     |
| 1. Is this a joint case?  No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?    No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Be<br>info | as complete and accurate as possible. If two married people ar<br>ormation. If more space is needed, attach another sheet to this t   |                       |                 |                |                           |
| No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?  No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                                                                                                                                       |                       |                 |                |                           |
| No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | _                                                                                                                                     |                       |                 |                |                           |
| Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.    Do you have dependents?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | ☐ Yes. Does Debtor 2 live in a separate household?                                                                                    |                       |                 |                |                           |
| Do not list Debtor 1 and Debtor 2.  Do not state the dependents names.  Do not state the dependents names.  Daughter  Daughter |            |                                                                                                                                       | for Separate Househ   | nold of Debto   | or 2.          |                           |
| Debtor 2.  Do not state the dependents names.  Daughter  To No No No No Daughter  To No N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2.         | Do you have dependents? ☐ No                                                                                                          |                       |                 |                |                           |
| Daughter 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | Yes                                                                                                                                   |                       |                 | •              |                           |
| Daughter 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | Do not state the                                                                                                                      | _                     |                 |                |                           |
| Daughter    |            | dependents names.                                                                                                                     | Daughter              |                 | 2              |                           |
| Daughter 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                                                                                                                       | Daughter              |                 | 5              |                           |
| Son  Son  Son  No Yes  Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. Real estate taxes  4a. Real estate taxes  4a. \$  0.00 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$  0.00 4d. Homeowner's association or condominium dues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                                                                                       |                       |                 |                |                           |
| Son 9 Personal Part 2: Estimate Your Ongoing Monthly Expenses  Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4a. \$  0.00  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$  0.00  4d. Homeowner's association or condominium dues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                                                                                                                                       | Daughter              |                 | 7              |                           |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. \$  0.00  4c. Home maintenance, repair, and upkeep expenses  4d. \$  0.00  4d. Homeowner's association or condominium dues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                                       | Son                   |                 | 9              |                           |
| Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$ 775.00  If not included in line 4:  4a. Real estate taxes  4b. \$ 0.00  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$ 0.00  4d. Homeowner's association or condominium dues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3.         | expenses of people other than                                                                                                         |                       |                 |                | - res                     |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$  0.00  4d. Homeowner's association or condominium dues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | yourself and your dependents?                                                                                                         |                       |                 |                |                           |
| the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues  Your expenses  Your expenses  4a. \$ 0.00  4b. \$ 0.00  4c. Homeowner's association or condominium dues  Your expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Est<br>exp | imate your expenses as of your bankruptcy filing date unless your bankruptcy is filed. If this is a supp                              |                       |                 |                |                           |
| 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues  775.00  4a. \$  0.00  4b. \$  0.00  4c. Homeowner's association or condominium dues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | the        | value of such assistance and have included it on Schedule I: Y                                                                        |                       |                 | Your eyns      | ansas                     |
| payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues  4d. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (On        | ncial Form 1061.)                                                                                                                     |                       |                 | Tour expe      |                           |
| 4a.Real estate taxes4a. \$0.004b.Property, homeowner's, or renter's insurance4b. \$0.004c.Home maintenance, repair, and upkeep expenses4c. \$100.004d.Homeowner's association or condominium dues4d. \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4.         |                                                                                                                                       | nclude first mortgage | 4. \$           |                | 775.00                    |
| 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$  100.00  4d. \$  0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | If not included in line 4:                                                                                                            |                       |                 |                |                           |
| 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$  100.00  4d. \$  0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | 4a. Real estate taxes                                                                                                                 |                       | 4a. \$          |                | 0.00                      |
| 4d. Homeowner's association or condominium dues 4d. \$ 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | 4b. Property, homeowner's, or renter's insurance                                                                                      |                       |                 |                | 0.00                      |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                                       |                       |                 |                |                           |
| 5. Additional mortgage payments for your residence, such as home equity loans 5. 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5.         | <ol> <li>Homeowner's association or condominium dues</li> <li>Additional mortgage payments for your residence, such as hor</li> </ol> | me equity loans       | 4d. \$<br>5. \$ |                | 0.00<br>0.00              |

| Debtor 1 | Eric James Hardy                                                                                                                          | Case num     | ber (if known)      |                         |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|-------------------------|
| S. Util  | ties:                                                                                                                                     |              |                     |                         |
| 6a.      | Electricity, heat, natural gas                                                                                                            | 6a.          | \$                  | 142.00                  |
| 6b.      | Water, sewer, garbage collection                                                                                                          | 6b.          | · -                 | 85.00                   |
| 6c.      | Telephone, cell phone, Internet, satellite, and cable services                                                                            | 6c.          |                     | 75.00                   |
| 6d.      | Other. Specify:                                                                                                                           | 6d.          |                     | 0.00                    |
|          | d and housekeeping supplies                                                                                                               | ou.<br>7.    | \$                  |                         |
|          | . •                                                                                                                                       |              | ·                   | 873.00                  |
|          | dcare and children's education costs                                                                                                      | 8.           | \$                  | 0.00                    |
|          | thing, laundry, and dry cleaning                                                                                                          | 9.           | \$                  | 180.00                  |
|          | sonal care products and services                                                                                                          | 10.          | \$                  | 125.00                  |
|          | lical and dental expenses                                                                                                                 | 11.          | \$                  | 100.00                  |
|          | nsportation. Include gas, maintenance, bus or train fare.                                                                                 | 12.          | \$                  | 300.00                  |
|          | not include car payments.  ertainment, clubs, recreation, newspapers, magazines, and books                                                | 13.          |                     | 71.03                   |
|          | ritable contributions and religious donations                                                                                             | 14.          | ·                   |                         |
|          | •                                                                                                                                         | 14.          | Φ                   | 0.00                    |
|          | <b>Irance.</b> Not include insurance deducted from your pay or included in lines 4 or 20.                                                 |              |                     |                         |
|          | Life insurance                                                                                                                            | 15a.         | \$                  | 79.89                   |
|          | Health insurance                                                                                                                          | 15a.         | ·                   | 133.00                  |
|          | Vehicle insurance                                                                                                                         | 15b.         | · —                 | 180.00                  |
|          | Other insurance. Specify:                                                                                                                 | 15d.         | ·                   |                         |
|          |                                                                                                                                           | 13u.         | Ψ                   | 0.00                    |
| _        | es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify:                                                       | 16.          | \$                  | 0.00                    |
|          | allment or lease payments:                                                                                                                |              | Ψ                   | 0.00                    |
|          | Car payments for Vehicle 1                                                                                                                | 17a.         | \$                  | 0.00                    |
|          | Car payments for Vehicle 2                                                                                                                | 17b.         |                     | 0.00                    |
|          | Other. Specify: Storage Unit                                                                                                              | 17b.         | ·                   | 255.00                  |
|          | Other. Specify:                                                                                                                           | 17d.         | ·                   |                         |
|          | r payments of alimony, maintenance, and support that you did not report a                                                                 |              | Φ                   | 0.00                    |
|          | ucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 1061).                                                       |              | \$                  | 0.00                    |
| Oth      | er payments you make to support others who do not live with you.                                                                          | •            | \$                  | 0.00                    |
|          | cify:                                                                                                                                     | 19.          | Ψ                   | 0.00                    |
|          | er real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i>                                                      |              | ur Income           |                         |
|          | Mortgages on other property                                                                                                               | 20a.         |                     | 0.00                    |
|          | Real estate taxes                                                                                                                         | 20b.         | ·                   | 0.00                    |
|          | Property, homeowner's, or renter's insurance                                                                                              | 20c.         | · -                 | 0.00                    |
|          | Maintenance, repair, and upkeep expenses                                                                                                  | 20d.         | ·                   | 0.00                    |
|          | Homeowner's association or condominium dues                                                                                               | 20a.<br>20e. | ·                   |                         |
|          |                                                                                                                                           |              | · ·                 | 0.00                    |
| . Oth    | er: Specify:                                                                                                                              | 21.          | +\$                 | 0.00                    |
| 2. Cal   | culate your monthly expenses                                                                                                              |              |                     |                         |
|          | Add lines 4 through 21.                                                                                                                   |              | \$                  | 3,473.92                |
| 22b      | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                                                           |              | \$                  | <u> </u>                |
|          | Add line 22a and 22b. The result is your monthly expenses.                                                                                |              | \$                  | 3,473.92                |
| 220      | Add into 224 and 225. The result to your monthly expenses.                                                                                |              |                     | 3,413.32                |
| B. Cal   | culate your monthly net income.                                                                                                           |              |                     |                         |
| 23a      | Copy line 12 (your combined monthly income) from Schedule I.                                                                              | 23a.         | \$                  | 4,745.92                |
| 23b      | Copy your monthly expenses from line 22c above.                                                                                           | 23b.         | -\$                 | 3,473.92                |
|          |                                                                                                                                           |              |                     | , -                     |
| 23c      | Subtract your monthly expenses from your monthly income.                                                                                  |              |                     | 4 070 00                |
|          | The result is your monthly net income.                                                                                                    | 23c.         | \$                  | 1,272.00                |
|          |                                                                                                                                           |              |                     |                         |
|          | you expect an increase or decrease in your expenses within the year after y                                                               |              |                     |                         |
|          | example, do you expect to finish paying for your car loan within the year or do you expect you<br>fication to the terms of your mortgage? | ur mortgage  | payment to increase | e or decrease because o |
|          | , , ,                                                                                                                                     |              |                     |                         |
| <b>I</b> |                                                                                                                                           |              |                     |                         |
| $\Box$   | Yes Explain here:                                                                                                                         |              |                     |                         |

| Fill in this in                 | nformation to identify your                                             | case:                    |                            |                        |                                                                            |
|---------------------------------|-------------------------------------------------------------------------|--------------------------|----------------------------|------------------------|----------------------------------------------------------------------------|
| Debtor 1                        | Eric James Hard                                                         | v                        |                            |                        |                                                                            |
|                                 | First Name                                                              | Middle Name              | Last Name                  |                        |                                                                            |
| Debtor 2<br>(Spouse if, filing) | First Name                                                              | Middle Name              | Last Name                  |                        |                                                                            |
| United States                   | s Bankruptcy Court for the:                                             | EASTERN DISTRICT O       | F CALIFORNIA               |                        |                                                                            |
| Case numbe                      | er                                                                      |                          |                            |                        | ☐ Check if this is an amended filing                                       |
| Official F                      | orm 106Dec                                                              |                          |                            |                        |                                                                            |
| Declar                          | ation About a                                                           | an Individual            | <b>Debtor's Sc</b>         | hedules                | 12/15                                                                      |
| years, or bot                   | oney or property by fraud i<br>h. 18 U.S.C. §§ 152, 1341,<br>Sign Below |                          | rruptcy case can result i  | n fines up to \$250,00 | 0, or imprisonment for up to 20                                            |
| Did you                         | u pay or agree to pay some                                              | eone who is NOT an attor | ney to help you fill out b | pankruptcy forms?      |                                                                            |
| ■ No                            | )                                                                       |                          |                            |                        |                                                                            |
| ☐ Ye                            | es. Name of person                                                      |                          |                            |                        | kruptcy Petition Preparer's Notice,<br>, and Signature (Official Form 119) |
|                                 | enalty of perjury, I declare<br>y are true and correct.                 | that I have read the sum | mary and schedules file    | d with this declaratio | on and                                                                     |
| X /s/                           | Eric James Hardy                                                        |                          | X                          |                        |                                                                            |
| Eric                            | c James Hardy<br>nature of Debtor 1                                     |                          | Signature of               | Debtor 2               |                                                                            |

Date **June 3, 2022** 

Date

| Filli         | n this inform          | ation to identify you                      | r case:                                                                                     |                                                       |                                                               |                                                       |
|---------------|------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------|
| Debt          |                        | Eric James Hard                            |                                                                                             |                                                       |                                                               |                                                       |
| 2000          |                        | First Name                                 | Middle Name                                                                                 | Last Name                                             |                                                               |                                                       |
| Debt<br>(Spou | or 2<br>se if, filing) | First Name                                 | Middle Name                                                                                 | Last Name                                             |                                                               |                                                       |
| Unite         | ed States Bar          | kruptcy Court for the:                     | EASTERN DISTRICT OF                                                                         | CALIFORNIA                                            |                                                               |                                                       |
|               |                        | , ,                                        |                                                                                             |                                                       |                                                               |                                                       |
| (if kno       | e number<br>wn)        |                                            |                                                                                             |                                                       | -                                                             | Check if this is an<br>mended filing                  |
| Sta           |                        | of Financial                               | Affairs for Individ                                                                         |                                                       | ankruptcy                                                     | 04/2                                                  |
| nfori         | mation. If m           |                                            | attach a separate sheet to                                                                  |                                                       | additional pages, write you                                   |                                                       |
| Part          | 1: Give D              | etails About Your Ma                       | rital Status and Where You                                                                  | Lived Before                                          |                                                               |                                                       |
| ۱. ۱          | What is your           | current marital statu                      | s?                                                                                          |                                                       |                                                               |                                                       |
|               | ☐ Married ■ Not marr   | ried                                       |                                                                                             |                                                       |                                                               |                                                       |
| 2. I          | During the la          | st 3 years, have you                       | lived anywhere other than                                                                   | where you live now?                                   |                                                               |                                                       |
| <br>          | ■ No<br>□ Yes. List    | all of the places you l                    | ived in the last 3 years. Do no                                                             | ot include where you live now                         |                                                               |                                                       |
|               | Debtor 1:              |                                            | Dates Debtor 1 lived there                                                                  | Debtor 2 Prior Ad                                     | dress:                                                        | Dates Debtor 2<br>lived there                         |
|               |                        |                                            |                                                                                             |                                                       | ity property state or territor<br>co, Texas, Washington and V |                                                       |
| 1             | □ No<br>■ Yes. Ma      | ke sure you fill out <i>Sch</i>            | nedule H: Your Codebtors (O                                                                 | ificial Form 106H).                                   |                                                               |                                                       |
| Part          | 2 Explain              | n the Sources of You                       | r Income                                                                                    |                                                       |                                                               |                                                       |
| I             | Fill in the tota       | I amount of income yo                      | nployment or from operatin<br>u received from all jobs and a<br>have income that you receiv | all businesses, including part-                       |                                                               | ndar years?                                           |
| I             | □ No Fill              | in the details.                            |                                                                                             |                                                       |                                                               |                                                       |
|               | — 165. FIII            | in the details.                            |                                                                                             |                                                       |                                                               |                                                       |
|               |                        |                                            | Debtor 1                                                                                    |                                                       | Debtor 2                                                      |                                                       |
|               |                        |                                            | Sources of income<br>Check all that apply.                                                  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                    | Gross income<br>(before deductions<br>and exclusions) |
|               |                        | of current year until<br>I for bankruptcy: | ■ Wages, commissions, bonuses, tips                                                         | \$10,299.30                                           | ☐ Wages, commissions, bonuses, tips                           |                                                       |
|               |                        |                                            | ☐ Operating a business                                                                      |                                                       | ☐ Operating a business                                        |                                                       |

Debtor 1 Eric James Hardy Case number (if known)

|                                                             | Debtor 1                                                                             |                                                       | Debtor 2                                                                             |                                                       |  |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------|--|
|                                                             | Sources of income<br>Check all that apply.                                           | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                                           | Gross income<br>(before deductions<br>and exclusions) |  |
| For last calendar year:<br>(January 1 to December 31, 2021) | <ul><li>■ Wages, commissions, bonuses, tips</li><li>□ Operating a business</li></ul> | \$14,889.50                                           | <ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul> |                                                       |  |

#### 5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

J No

Yes. Fill in the details.

|                                                                         | Dahtan 4                                                     |                                                                  | Dahtan 0                                         |                                                       |
|-------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------|
|                                                                         | Debtor 1 Sources of income Describe below.                   | Gross income from each source (before deductions and exclusions) | Debtor 2<br>Sources of income<br>Describe below. | Gross income<br>(before deductions<br>and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | Social Security                                              | \$15,846.00                                                      |                                                  |                                                       |
|                                                                         | Daughter's Social<br>Security                                | \$2,106.00                                                       |                                                  |                                                       |
|                                                                         | 2021 Tax Refund                                              | \$1,440.00                                                       |                                                  |                                                       |
| For last calendar year:<br>(January 1 to December 31, 2021)             | Social Security                                              | \$30,072.00                                                      |                                                  |                                                       |
|                                                                         | Daughter's Social<br>Security                                | \$3,972.00                                                       |                                                  |                                                       |
|                                                                         | American Rescue<br>Plan Act                                  | \$1,400.00                                                       |                                                  |                                                       |
|                                                                         | Consolidated<br>Appropriations Act                           | \$600.00                                                         |                                                  |                                                       |
| For the calendar year before that: (January 1 to December 31, 2020 )    | Social Security                                              | \$29,712.00                                                      |                                                  |                                                       |
|                                                                         | Daughter's Social<br>Security                                | \$3,924.00                                                       |                                                  |                                                       |
|                                                                         | The Coronavirus Aid,<br>Relief, and Economic<br>Security Act | \$1,200.00                                                       |                                                  |                                                       |

| _                                                                                      | Are either Debtor 1's or Debtor 2's debts primarily consumer debts?  No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "in |                                                                                                                                                   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |                                                                                                                                                                                                                                                                                                 |  |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                        |                                                                                                                                                                                              |                                                                                                                                                   | al, family, or household purp                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |                                                                                                                                                                                                                                                                                                 |  |
|                                                                                        | •                                                                                                                                                                                            | 90 days before you fi                                                                                                                             | led for bankruptcy, did you լ                                                                                                     | pay any creditor a tota                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | al of \$7,575* or mo                                                                             | re?                                                                                                                                                                                                                                                                                             |  |
|                                                                                        | □ <sub>No.</sub><br>□ <sub>Yes</sub>                                                                                                                                                         | Go to line 7.                                                                                                                                     | 19                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |                                                                                                                                                                                                                                                                                                 |  |
|                                                                                        |                                                                                                                                                                                              | paid that creditor. D<br>not include paymen                                                                                                       | o not include payments for outside to an attorney for this bar                                                                    | domestic support obli<br>kruptcy case.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | gations, such as ch                                                                              | yments and the total amount you nild support and alimony. Also, d                                                                                                                                                                                                                               |  |
| ■ Yes                                                                                  | s. Debtor 1 o                                                                                                                                                                                | or Debtor 2 or both h                                                                                                                             | /25 and every 3 years after<br>ave primarily consumer d<br>led for bankruptcy, did you                                            | ebts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                  | •                                                                                                                                                                                                                                                                                               |  |
|                                                                                        | -                                                                                                                                                                                            |                                                                                                                                                   | ica for bankruptcy, ala you p                                                                                                     | bay arry creditor a total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ar or wood or more                                                                               | •                                                                                                                                                                                                                                                                                               |  |
|                                                                                        | □ <sub>No.</sub><br>■ Yes                                                                                                                                                                    | Go to line 7.                                                                                                                                     | ditar ta urbana yay naid a tat                                                                                                    | al of CCOO or more on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | d the total emount                                                                               | you paid that creditor. Do not                                                                                                                                                                                                                                                                  |  |
|                                                                                        | ■ res                                                                                                                                                                                        |                                                                                                                                                   | or domestic support obligation                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  | Also, do not include payments to                                                                                                                                                                                                                                                                |  |
| Credito                                                                                | or's Name and                                                                                                                                                                                | d Address                                                                                                                                         | Dates of payment                                                                                                                  | Total amount paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Amount you still owe                                                                             | Was this payment for                                                                                                                                                                                                                                                                            |  |
|                                                                                        |                                                                                                                                                                                              | er Services                                                                                                                                       | Monthly                                                                                                                           | \$1,651.05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$20,721.77                                                                                      | ☐ Mortgage                                                                                                                                                                                                                                                                                      |  |
|                                                                                        |                                                                                                                                                                                              | enter Drive                                                                                                                                       |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  | ■ Car                                                                                                                                                                                                                                                                                           |  |
| Kaleig                                                                                 | h, NC 2760                                                                                                                                                                                   | 1                                                                                                                                                 |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  | ☐ Credit Card                                                                                                                                                                                                                                                                                   |  |
| •                                                                                      |                                                                                                                                                                                              |                                                                                                                                                   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  | П В                                                                                                                                                                                                                                                                                             |  |
| J                                                                                      |                                                                                                                                                                                              |                                                                                                                                                   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  | □ Loan Repayment                                                                                                                                                                                                                                                                                |  |
| J                                                                                      |                                                                                                                                                                                              |                                                                                                                                                   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |                                                                                                                                                                                                                                                                                                 |  |
| -                                                                                      |                                                                                                                                                                                              |                                                                                                                                                   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  | ☐ Suppliers or vendors ☐ Other                                                                                                                                                                                                                                                                  |  |
| Merric<br>P.O. B                                                                       | k Bank<br>ox 5000                                                                                                                                                                            |                                                                                                                                                   |                                                                                                                                   | \$853.89                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$13,470.00                                                                                      | ☐ Suppliers or vendors                                                                                                                                                                                                                                                                          |  |
| Merric<br>P.O. B                                                                       |                                                                                                                                                                                              |                                                                                                                                                   |                                                                                                                                   | \$853.89                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$13,470.00                                                                                      | ☐ Suppliers or vendors ☐ Other                                                                                                                                                                                                                                                                  |  |
| Merric<br>P.O. B                                                                       | ox 5000                                                                                                                                                                                      |                                                                                                                                                   |                                                                                                                                   | \$853.89                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$13,470.00                                                                                      | ☐ Suppliers or vendors ☐ Other ☐ Mortgage ☐ Car                                                                                                                                                                                                                                                 |  |
| Merric<br>P.O. B                                                                       | ox 5000                                                                                                                                                                                      |                                                                                                                                                   |                                                                                                                                   | \$853.89                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$13,470.00                                                                                      | ☐ Suppliers or vendors ☐ Other ☐ Mortgage ☐ Car ☐ Credit Card                                                                                                                                                                                                                                   |  |
| Merric<br>P.O. B                                                                       | ox 5000                                                                                                                                                                                      |                                                                                                                                                   |                                                                                                                                   | \$853.89                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$13,470.00                                                                                      | ☐ Suppliers or vendors ☐ Other ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment                                                                                                                                                                                                                  |  |
| Merric<br>P.O. B<br>Draped<br>Within 1<br>Insiders<br>of which<br>a busine<br>alimony. | year before include your ryou are an ofess you operate                                                                                                                                       | you filed for bankru<br>relatives; any general<br>fficer, director, person                                                                        | in control, or owner of 20%                                                                                                       | nent on a debt you oneral partners; partners or more of their voting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | owed anyone who<br>erships of which yo<br>g securities; and a                                    | ☐ Suppliers or vendors ☐ Other ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other Travel Trailer                                                                                                                                                                    |  |
| Merrice P.O. B Draped  Within 1 Insiders of which a busine alimony.                    | year before include your in you are an of iss you operate.                                                                                                                                   | you filed for bankru<br>relatives; any general<br>fficer, director, person<br>te as a sole proprietor                                             | partners; relatives of any ge<br>in control, or owner of 20%                                                                      | nent on a debt you oneral partners; partners or more of their voting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | owed anyone who<br>erships of which yo<br>g securities; and a                                    | □ Suppliers or vendors □ Other □ Mortgage □ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors ■ Other Travel Trailer  o was an insider?  ou are a general partner; corporary managing agent, including or                                                                               |  |
| Merric P.O. B Drapel  Within 1 Insiders of which a busine alimony.  No                 | year before include your of you are an of you operate.  List all payr                                                                                                                        | you filed for bankru<br>relatives; any general<br>fficer, director, person<br>te as a sole proprietor<br>ments to an insider.                     | partners; relatives of any ge<br>in control, or owner of 20%<br>. 11 U.S.C. § 101. Include p                                      | nent on a debt you oneral partners; partners or more of their voting ayments for domestic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | owed anyone who<br>erships of which yo<br>g securities; and a<br>c support obligation            | □ Suppliers or vendors □ Other □ Mortgage □ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors ■ Other Travel Trailer  was an insider? was an insider? was an ea general partner; corporating managing agent, including or is, such as child support and                                 |  |
| Merrice P.O. B Draped  Within 1 Insiders of which a busine alimony.  No                | year before include your in you are an of iss you operate.                                                                                                                                   | you filed for bankru<br>relatives; any general<br>fficer, director, person<br>te as a sole proprietor<br>ments to an insider.                     | partners; relatives of any ge<br>in control, or owner of 20%                                                                      | nent on a debt you oneral partners; partners or more of their voting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | owed anyone who<br>erships of which yo<br>g securities; and a                                    | □ Suppliers or vendors □ Other □ Mortgage □ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors ■ Other Travel Trailer  o was an insider?  ou are a general partner; corporary managing agent, including or                                                                               |  |
| Within 1 Insiders of which a busine alimony.  No Insider Within 1 insider?             | year before include your ryou are an of ses you operate.  List all payr s Name and year before                                                                                               | you filed for bankrupelatives; any general fficer, director, person te as a sole proprietor ments to an insider.  Address  you filed for bankrupe | partners; relatives of any gein control, or owner of 20%. 11 U.S.C. § 101. Include p                                              | nent on a debt you oneral partners; partners or more of their voting ayments for domestic ayments for domestic ayments for domestic for | owed anyone who erships of which yo g securities; and a support obligation  Amount you still owe | □ Suppliers or vendors □ Other □ Mortgage □ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors ■ Other Travel Trailer  was an insider? was an insider? was an ea general partner; corporating managing agent, including or is, such as child support and                                 |  |
| Within 1 Insiders of which a busine alimony.  No Insider Within 1 insider?             | year before include your ryou are an of ses you operate.  List all payr s Name and year before                                                                                               | you filed for bankrupelatives; any general fficer, director, person te as a sole proprietor ments to an insider.  Address  you filed for bankrupe | partners; relatives of any gein control, or owner of 20%. 11 U.S.C. § 101. Include p  Dates of payment  ptcy, did you make any pa | nent on a debt you oneral partners; partners or more of their voting ayments for domestic ayments for domestic ayments for domestic for | owed anyone who erships of which yo g securities; and a support obligation  Amount you still owe | □ Suppliers or vendors □ Other □ Mortgage □ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors ■ Other Travel Trailer  • was an insider? • was an insider? • ou are a general partner; corporating managing agent, including or is, such as child support and  • Reason for this payment |  |
| Within 1 Insiders of which a busine alimony.  No Insider Within 1 insider? Include p   | year before include your ryou are an oless you operate.  Is. List all payr so Name and year before payments on oless.                                                                        | you filed for bankrupelatives; any general fficer, director, person te as a sole proprietor ments to an insider.  Address  you filed for bankrupe | partners; relatives of any gein control, or owner of 20%. 11 U.S.C. § 101. Include p  Dates of payment  ptcy, did you make any pa | nent on a debt you oneral partners; partners or more of their voting ayments for domestic ayments for domestic ayments for domestic for | owed anyone who erships of which yo g securities; and a support obligation  Amount you still owe | □ Suppliers or vendors □ Other □ Mortgage □ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors ■ Other Travel Trailer  • was an insider? • was an insider? • ou are a general partner; corporating managing agent, including or is, such as child support and  • Reason for this payment |  |

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody

| Del | btor 1 Eric James Hardy                                                                                      |                              | Case numbe                                                     | r (if known)              |                          |
|-----|--------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------|---------------------------|--------------------------|
|     |                                                                                                              |                              |                                                                |                           |                          |
|     | modifications, and contract disputes.                                                                        |                              |                                                                |                           |                          |
|     | No                                                                                                           |                              |                                                                |                           |                          |
|     | Yes. Fill in the details.                                                                                    | Nature of the case           | Court or occupati                                              | Status of th              |                          |
|     | Case title Case number                                                                                       | Nature of the case           | Court or agency                                                | Status of th              | e case                   |
| 10. | Within 1 year before you filed for bankro<br>Check all that apply and fill in the details b                  |                              | perty repossessed, foreclose                                   | ed, garnished, attached   | I, seized, or levied?    |
|     | <ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>                             |                              |                                                                |                           |                          |
|     | Creditor Name and Address                                                                                    | Describe the Property        | 1                                                              | Date                      | Value of the property    |
|     |                                                                                                              | Explain what happene         | ed                                                             |                           | property                 |
| 11. | Within 90 days before you filed for bank accounts or refuse to make a payment l No Yes. Fill in the details. |                              | cluding a bank or financial i                                  | nstitution, set off any a | imounts from your        |
|     | Creditor Name and Address                                                                                    | Describe the action th       | ne creditor took                                               | Date action was taken     | Amount                   |
| 12. | Within 1 year before you filed for bankri court-appointed receiver, a custodian, o  ■ No □ Yes               |                              | perty in the possession of ar                                  | assignee for the bene     | fit of creditors, a      |
| Pa  | rt 5: List Certain Gifts and Contribution                                                                    | ns                           |                                                                |                           |                          |
| 13. | Within 2 years before you filed for bank ■ No                                                                | ruptcy, did you give any gif | its with a total value of more                                 | than \$600 per person     | ?                        |
|     | Yes. Fill in the details for each gift.  Gifts with a total value of more than \$6                           | 00 Describe the gifts        | 2                                                              | Dates you gave            | Value                    |
|     | per person                                                                                                   | Describe the gird            | •                                                              | the gifts                 | value                    |
|     | Person to Whom You Gave the Gift and Address:                                                                | d                            |                                                                |                           |                          |
| 14. | Within 2 years before you filed for bank  No                                                                 |                              | its or contributions with a to                                 | tal value of more than    | \$600 to any charity?    |
|     | Yes. Fill in the details for each gift or Gifts or contributions to charities that                           |                              | ou contributed                                                 | Dates you                 | Value                    |
|     | more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Coo                        | ·                            | ou commission                                                  | contributed               | Value                    |
| Pai | rt 6: List Certain Losses                                                                                    |                              |                                                                |                           |                          |
| 15. | Within 1 year before you filed for bankroor gambling?                                                        | uptcy or since you filed for | bankruptcy, did you lose an                                    | ything because of thef    | t, fire, other disaster, |
|     | ■ No                                                                                                         |                              |                                                                |                           |                          |
|     | ☐ Yes. Fill in the details.                                                                                  |                              |                                                                |                           |                          |
|     | Describe the property you lost and how the loss occurred                                                     | Describe any insurance of    | •                                                              | Date of your loss         | Value of property lost   |
|     |                                                                                                              |                              | surance has paid. List pending<br>3 of Schedule A/B: Property. |                           |                          |

Debtor 1 Eric James Hardy

Case number (if known)

| Par | List Certain Payments or Transfers                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                   |          |                                          |                                               |  |  |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------|----------|------------------------------------------|-----------------------------------------------|--|--|
| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.                                                                                                    |                                                                          |                                                   |          |                                          |                                               |  |  |
|     | □ No                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |                                                   |          |                                          |                                               |  |  |
|     | Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                   |          |                                          |                                               |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You                                                                                                                                                                                                                                                                                                                                           | Description and transferred                                              | Description and value of any property transferred |          | Date payment or transfer was made        | Amount of payment                             |  |  |
|     | Deighan Law LLP 79 W. Monroe Street, Suite #1006 Chicago, IL 60603 shmorgonlaw@gmail.com                                                                                                                                                                                                                                                                                                                                                        | Ch. 13 Pre-filin<br>\$1,500.00<br>Filing Fee - \$31<br>Total - \$1,813.0 |                                                   | -        | June 3, 2022                             | \$1,813.00                                    |  |  |
| 17. | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you I                                                                                                                                                                                                                                                                                                  | or to make payment                                                       |                                                   |          | r transfer any propo                     | erty to anyone who                            |  |  |
|     | Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                   |          |                                          |                                               |  |  |
|     | Person Who Was Paid<br>Address                                                                                                                                                                                                                                                                                                                                                                                                                  | Description and transferred                                              | Description and value of any property transferred |          | Date payment or transfer was made        | Amount of payment                             |  |  |
|     | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. |                                                                          |                                                   |          |                                          |                                               |  |  |
|     | No                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                   |          |                                          |                                               |  |  |
|     | Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                   |          |                                          |                                               |  |  |
|     | Person Who Received Transfer<br>Address                                                                                                                                                                                                                                                                                                                                                                                                         | Description and property transfer                                        |                                                   |          | any property or received or debts change | Date transfer was made                        |  |  |
|     | Person's relationship to you                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                                   |          | J                                        |                                               |  |  |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No                                                                                                                                                                                                                                 |                                                                          |                                                   |          |                                          |                                               |  |  |
|     | Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                   |          |                                          |                                               |  |  |
|     | Name of trust  Description and value of the property transferred  Date Transmade                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                   |          |                                          |                                               |  |  |
| Par | t 8: List of Certain Financial Accounts, Instr                                                                                                                                                                                                                                                                                                                                                                                                  | uments, Safe Depos                                                       | it Boxes, and Stora                               | ge Units |                                          |                                               |  |  |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or                                                                                                                                                                                                                                                                                                                         | other financial accou                                                    | ınts; certificates of                             |          |                                          |                                               |  |  |
|     | houses, pension funds, cooperatives, associa  No                                                                                                                                                                                                                                                                                                                                                                                                | auons, and other fina                                                    | nciai institutions.                               |          |                                          |                                               |  |  |
|     | Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                   |          |                                          |                                               |  |  |
|     | Name of Financial Institution and                                                                                                                                                                                                                                                                                                                                                                                                               | ast 4 digits of account number                                           | Type of account instrument                        | clo      | te account was<br>sed, sold,<br>oved, or | Last balance<br>before closing or<br>transfer |  |  |

| Debtor 1 Eric James Har |
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Case number (if known)

| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? |                                                                                               |                                      |                       |  |  |  |  |  |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------|-----------------------|--|--|--|--|--|
|     | ■ No □ Yes. Fill in the details.                                                                                                                                   |                                                                                               |                                      |                       |  |  |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)                                                                                | Who else had access to it? Address (Number, Street, City, State and ZIP Code)                 | Describe the contents                | Do you still have it? |  |  |  |  |  |
| 22. | Have you stored property in a storage unit                                                                                                                         |                                                                                               | year before you filed for bankruptcy | ?                     |  |  |  |  |  |
|     | □ No                                                                                                                                                               |                                                                                               |                                      |                       |  |  |  |  |  |
|     | Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)                                                            | Who else has or had access<br>to it?<br>Address (Number, Street, City,<br>State and ZIP Code) | Describe the contents                | Do you still have it? |  |  |  |  |  |
|     | Terminous Boat & RV Storage<br>15010 Glasscock Road<br>Lodi, CA 95242                                                                                              | Eric Hardy<br>1416 Holly Drive<br>Tracy, CA 95376                                             | Household Goods                      | □ No<br>■ Yes         |  |  |  |  |  |
| Par | rt 9: Identify Property You Hold or Contro                                                                                                                         | ol for Someone Else                                                                           |                                      |                       |  |  |  |  |  |
| 23. |                                                                                                                                                                    |                                                                                               |                                      |                       |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                   |                                                                                               |                                      |                       |  |  |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)                                                                                                 | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)                       | Describe the property                | Value                 |  |  |  |  |  |
| Par | rt 10: Give Details About Environmental In                                                                                                                         | formation                                                                                     |                                      |                       |  |  |  |  |  |
| For | the purpose of Part 10, the following defini                                                                                                                       | tions apply:                                                                                  |                                      |                       |  |  |  |  |  |
|     | Environmental law means any federal, stat<br>toxic substances, wastes, or material into<br>regulations controlling the cleanup of thes                             | the air, land, soil, surface water, ground                                                    | <u> </u>                             |                       |  |  |  |  |  |
|     | Site means any location, facility, or proper to own, operate, or utilize it, including disp                                                                        | rty as defined under any environmental la                                                     | aw, whether you now own, operate,    | or utilize it or used |  |  |  |  |  |
|     | Hazardous material means anything an en hazardous material, pollutant, contaminan                                                                                  |                                                                                               | waste, hazardous substance, toxic    | substance,            |  |  |  |  |  |
| Rep | port all notices, releases, and proceedings t                                                                                                                      | hat you know about, regardless of when                                                        | they occurred.                       |                       |  |  |  |  |  |
| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?                                 |                                                                                               |                                      |                       |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                   |                                                                                               |                                      |                       |  |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                                                 | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)                    | Environmental law, if you know it    | Date of notice        |  |  |  |  |  |
| 25. | Have you notified any governmental unit of                                                                                                                         | of any release of hazardous material?                                                         |                                      |                       |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                   |                                                                                               |                                      |                       |  |  |  |  |  |
|     | Name of site Address (Number, Street, City, State and ZIP Code)                                                                                                    | Governmental unit Address (Number, Street, City, State and                                    | Environmental law, if you know it    | Date of notice        |  |  |  |  |  |
|     |                                                                                                                                                                    | ZIP Code)                                                                                     |                                      |                       |  |  |  |  |  |

| otor 1                       | Eric James Hardy                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Have                         | you been a party in any judicial or ad                                                                                                                 | ministrative proceeding under any env                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ironmental law? 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|                              |                                                                                                                                                        | Court or agency Name Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| t 11:                        | Give Details About Your Business or                                                                                                                    | Connections to Any Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Withi                        | n 4 years before you filed for bankrup                                                                                                                 | otcy, did you own a business or have ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ny of the following connections to any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | / business? 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| ı                            | ☐ A sole proprietor or self-employed                                                                                                                   | in a trade, profession, or other activity,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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|                              | ☐ A member of a limited liability com                                                                                                                  | pany (LLC) or limited liability partnersh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| ☐ A partner in a partnership |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| I                            | An officer, director, or managing ex                                                                                                                   | xecutive of a corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| ı                            | An owner of at least 5% of the voti                                                                                                                    | ng or equity securities of a corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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|                              | No. None of the above applies. Go to                                                                                                                   | Part 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| □ '                          | Yes. Check all that apply above and fi                                                                                                                 | II in the details below for each business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Addı                         | ress                                                                                                                                                   | Describe the nature of the business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| (Numb                        | per, Street, City, State and ZIP Code)                                                                                                                 | Name of accountant or bookkeeper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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|                              |                                                                                                                                                        | otcy, did you give a financial statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | to anyone about your business? Incl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ude all financial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| t 12:                        | Sign Below                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| rue ar<br>a ban<br>.S.C.     | nd correct. I understand that making a<br>kruptcy case can result in fines up to<br>§§ 152, 1341, 1519, and 3571.                                      | a false statement, concealing property,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| c Jan                        | nes Hardy                                                                                                                                              | Signature of Debtor 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| e Ju                         | ıne 3, 2022                                                                                                                                            | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| lo                           | tach additional pages to Your Statem                                                                                                                   | ent of Financial Affairs for Individuals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Filing for Bankruptcy (Official Form 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 07)? 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|                              | ay or agree to pay someone who is no                                                                                                                   | ot an attorney to help you fill out bankru                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | uptcy forms? 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|                              | ame of Person Attach the Bankri                                                                                                                        | uptcy Petition Preparer's Notice, Declarati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | on, and Signature (Official Form 119).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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|                              | Have  Case Case  tall:  Withi  Busi Addi (Numl  Withi instit  I a bar I.S.C.  Case  tall:  Ve read true and a bar I.S.C.  Case  you at lo les you pale | Have you been a party in any judicial or ad  No Yes. Fill in the details.  Case Title Case Number  Within 4 years before you filed for bankrup A sole proprietor or self-employed A member of a limited liability com A partner in a partnership An officer, director, or managing endership and officer, director, or managing endership and officer.  No. None of the above applies. Go to Yes. Check all that apply above and fill Business Name Address (Number, Street, City, State and ZIP Code)  Within 2 years before you filed for bankrup institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Address (Number, Street, City, State and ZIP Code)  **Title and correct. I understand that making a a bankruptcy case can result in fines up to I.S.C. §§ 152, 1341, 1519, and 3571.  Eric James Hardy C James Hard | Have you been a party in any judicial or administrative proceeding under any envi  No  Yes. Fill in the details.  Case Title Case Number  Address (Number, Street, City, State and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code)  A sole proprietor or self-employed in a trade, profession, or other activity, A member of a limited liability company (LLC) or limited liability partnersh An officer, director, or managing executive of a corporation  An owner of at least 5% of the voting or equity securities of a corporation  No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business Name Address (Number, Street, City, State and ZIP Code)  Within 2 years before you filed for bankruptcy, did you give a financial statement institutions, creditors, or other parties.  No  Yes. Fill in the details below.  Name of accountant or bookkeeper  Within 2 years before you filed for bankruptcy, did you give a financial statement institutions, creditors, or other parties.  No  Yes. Fill in the details below.  Name and correct. I understand that making a false statement, concealing property, a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20. IS.C. §8 152, 1341, 1519, and 3571.  Eric James Hardy  Lames Har | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements in No  No  Yes. Fill in the details.  Case Title Case Number Raddress (Number, Street, City, State and ZIP Code)  Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any a homeoff of the street full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code)  Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Inclinistitutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Address (Number, Street, City, State and ZIP Code)  Date Issued  Address (Number, Street, City, State and ZIP Code)  True and correct. I understand that making a false statement, concealing property, or obtaining money or property by fro a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  Signature of Debtor 1  e June 3, 2022  Date  You attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 10 of 550 per 10 p |

| Fill in this inform                                                    | Fill in this information to identify your case: |  |  |  |
|------------------------------------------------------------------------|-------------------------------------------------|--|--|--|
| Debtor 1                                                               | Eric James Hardy                                |  |  |  |
| Debtor 2<br>(Spouse, if filing)                                        |                                                 |  |  |  |
| United States Bankruptcy Court for the: Eastern District of California |                                                 |  |  |  |
| Case number<br>(if known)                                              |                                                 |  |  |  |

| Check | Check as directed in lines 17 and 21:                                |  |  |  |  |
|-------|----------------------------------------------------------------------|--|--|--|--|
|       | According to the calculations required by this Statement:            |  |  |  |  |
|       | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |
|       | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).     |  |  |  |  |
|       | 3. The commitment period is 3 years.                                 |  |  |  |  |
|       | 4. The commitment period is 5 years.                                 |  |  |  |  |

☐ Check if this is an amended filing

### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Part       | 1:                       | Calculate Your Average Monthly Income                                                                                                                                                                                                 |                              |                     |                                         |                  |                          |                                                           |                                |
|------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------|-----------------------------------------|------------------|--------------------------|-----------------------------------------------------------|--------------------------------|
| 1.         | What                     | is your marital and filing status? Check one of                                                                                                                                                                                       | only.                        |                     |                                         |                  |                          |                                                           |                                |
|            | ■ No                     | ot married. Fill out Column A, lines 2-11.                                                                                                                                                                                            |                              |                     |                                         |                  |                          |                                                           |                                |
|            | □ ма                     | arried. Fill out both Columns A and B, lines 2-11                                                                                                                                                                                     |                              |                     |                                         |                  |                          |                                                           |                                |
| 10°<br>the | 1(10A)<br>e 6 mo         | e average monthly income that you received from a<br>). For example, if you are filing on September 15, the 6-<br>nths, add the income for all 6 months and divide the toto<br>own the same rental property, put the income from that | month pe<br>al by 6. Fi      | riod would          | l be March 1 thro<br>sult. Do not inclu | ugh Au<br>de any | gust 31. If the amount m | ount of your monthly incom<br>nore than once. For example | e varied during<br>le, if both |
|            |                          |                                                                                                                                                                                                                                       |                              |                     |                                         | Colu.<br>Debt    | mn A<br>or 1             | Column B Debtor 2 or non-filing spouse                    |                                |
|            |                          | gross wages, salary, tips, bonuses, overtime oll deductions).                                                                                                                                                                         | , and co                     | mmissi              | ons (before all                         | \$               | 1,961.55                 | \$                                                        |                                |
|            |                          | ony and maintenance payments. Do not includ<br>nn B is filled in.                                                                                                                                                                     | e payme                      | ents from           | a spouse if                             | \$               | 0.00                     | \$                                                        |                                |
|            | of yo<br>from a<br>and r | mounts from any source which are regularly pu or your dependents, including child support an unmarried partner, members of your househo commates. Do not include payments from a spot sted on line 3.                                 | <b>t.</b> Includ<br>ld, your | e regula<br>depende | r contributions<br>nts, parents,        | \$               | 0.00                     | \$                                                        |                                |
| 1          |                          | ncome from operating a business,<br>ession, or farm                                                                                                                                                                                   | Debtor                       | 1                   |                                         |                  |                          |                                                           |                                |
|            | Gross                    | s receipts (before all deductions)                                                                                                                                                                                                    | \$_                          | 0.00                |                                         |                  |                          |                                                           |                                |
|            | Ordin                    | ary and necessary operating expenses                                                                                                                                                                                                  | -\$                          | 0.00                |                                         |                  |                          |                                                           |                                |
|            | Net n                    | nonthly income from a business, profession, or fa                                                                                                                                                                                     | rm \$ _                      | 0.00                | Copy here ->                            | • \$             | 0.00                     | \$                                                        |                                |
| 6.         | Net i                    | ncome from rental and other real property                                                                                                                                                                                             | Debtor                       |                     |                                         |                  |                          |                                                           |                                |
|            | Gross                    | s receipts (before all deductions)                                                                                                                                                                                                    | \$_                          | 0.00                |                                         |                  |                          |                                                           |                                |
|            | Ordin                    | ary and necessary operating expenses                                                                                                                                                                                                  | <b>-</b> \$ _                | 0.00                |                                         |                  |                          |                                                           |                                |
|            | Net n                    | nonthly income from rental or other real property                                                                                                                                                                                     | \$                           | 0.00                | Copy here ->                            | • \$             | 0.00                     | \$                                                        |                                |

| Debtor 1                        | Eric James Hardy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                        |                                                                                                                              | Case number (if ki | nown)                        |                              | _  |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------|------------------------------|----|
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |                                                                                                                              | Column A Debtor 1  | Column B Debtor 2 non-filing | or                           |    |
| 7. In                           | terest, dividends, and royalties                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                        |                                                                                                                              | \$ 0               | .00 \$                       |                              |    |
| 8. <b>U</b>                     | nemployment compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                        |                                                                                                                              | \$ 0               | .00 \$                       |                              |    |
|                                 | o not enter the amount if you conte<br>le Social Security Act. Instead, list in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        | was a benefit under                                                                                                          |                    |                              |                              |    |
|                                 | For you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$                                                                                                                                                                                     | 0.00                                                                                                                         |                    |                              |                              |    |
|                                 | For your spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                                                                                                                                                                     |                                                                                                                              |                    |                              |                              |    |
| be<br>no<br>U<br>di<br>pa<br>do | ension or retirement income. Do<br>enefit under the Social Security Act<br>of include any compensation, pensi<br>nited States Government in connect<br>sability, or death of a member of the<br>ay paid under chapter 61 of title 10,<br>pes not exceed the amount of retire<br>retired under any provision of title 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | . Also, except as stated in the on, pay, annuity, or allowance tion with a disability, combate uniformed services. If you rethen include that pay only to d pay to which you would oth | e next sentence, do<br>e paid by the<br>related injury or<br>eceived any retired<br>the extent that it<br>erwise be entitled | \$ <b>0</b>        | .00 \$                       |                              |    |
| D<br>re<br>de<br>U<br>di        | come from all other sources not<br>o not include any benefits received<br>eceived as a victim of a war crime, a<br>comestic terrorism; or compensation<br>nited States Government in connec<br>sability, or death of a member of th<br>ources on a separate page and put                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | under the Social Security Act<br>a crime against humanity, or in<br>, pension, pay, annuity, or allo<br>tion with a disability, combat-<br>e uniformed services. If neces              | t; payments<br>nternational or<br>owance paid by the<br>related injury or                                                    |                    |                              |                              |    |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |                                                                                                                              | \$0                | .00_ \$                      |                              |    |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |                                                                                                                              | \$0                | .00 \$                       |                              |    |
|                                 | Total amounts from separat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e pages, if any.                                                                                                                                                                       | +                                                                                                                            | \$ 0               | .00 \$                       |                              |    |
|                                 | alculate your total average montleach column. Then add the total for the column of the total for the column of the | Column A to the total for Colu                                                                                                                                                         | mn B. \$                                                                                                                     | 1,961.55 +         | \$                           | Total average monthly income |    |
|                                 | opy your total average monthly in alculate the marital adjustment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                        |                                                                                                                              |                    |                              | \$1,961.55                   | _  |
|                                 | You are not married. Fill in 0 be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | low.                                                                                                                                                                                   |                                                                                                                              |                    |                              |                              |    |
|                                 | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                        | elow.                                                                                                                        |                    |                              |                              |    |
|                                 | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | se is not filing with you.<br>listed in line 11, Column B, th<br>of the spouse's tax liability or t                                                                                    | nat was NOT regular<br>the spouse's suppor                                                                                   | t of someone oth   | ner than you or yo           | our dependents.              |    |
|                                 | adjustments on a separate page  If this adjustment does not apple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                        |                                                                                                                              | ·                  |                              |                              |    |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·<br>                                                                                                                                                                                  | \$                                                                                                                           |                    |                              |                              |    |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        | \$                                                                                                                           |                    |                              |                              |    |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        | +\$                                                                                                                          |                    |                              |                              |    |
|                                 | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                        | \$                                                                                                                           | 0.00               | Copy here=>                  | - 0.0                        | 00 |
| 14. `                           | Your current monthly income. So                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ubtract line 13 from line 12.                                                                                                                                                          |                                                                                                                              |                    | _                            | \$1,961.55                   | _  |
| 15.                             | Calculate your current monthly ir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | come for the year. Follow t                                                                                                                                                            | hese steps:                                                                                                                  |                    |                              |                              |    |
|                                 | 15a. Copy line 14 here=>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                        |                                                                                                                              |                    |                              | \$1,961.55                   | _  |

| Debt | or 1                                      | Eric                         | James Hardy                                                                                                                                                           |                             | Case number (if known)                      |              |                  |
|------|-------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------|--------------|------------------|
|      |                                           | М                            | ultiply line 15a by 12 (the number of months i                                                                                                                        | າ a year).                  |                                             |              | x 12             |
|      | 15                                        | o. Tł                        | ne result is your current monthly income for th                                                                                                                       | e year for this part of     | f the form.                                 | \$_          | 23,538.60        |
| 16   | . Cal                                     | ulate                        | the median family income that applies to                                                                                                                              | <b>you.</b> Follow these st | eps:                                        |              |                  |
|      | 16a                                       | Fill in                      | n the state in which you live.                                                                                                                                        | CA                          | -                                           |              |                  |
|      | 16b                                       | Fill in                      | n the number of people in your household.                                                                                                                             | 5                           |                                             |              |                  |
|      |                                           | To fi                        | n the median family income for your state and nd a list of applicable median income amount uctions for this form. This list may also be ava                           | s, go online using the      |                                             | \$_          | 121,435.00       |
| 17   |                                           | / do t                       | he lines compare?                                                                                                                                                     | <b>.</b>                    | (1) ( ) ( ) ( ) ( ) ( )                     |              |                  |
|      | 17a                                       |                              | Line 15b is less than or equal to line 16c. (11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do I                                                                        |                             |                                             |              |                  |
|      | 17b                                       |                              | Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 a                                      | ulation of Your Disp        |                                             |              |                  |
| Par  | i 3:                                      | Ca                           | Ilculate Your Commitment Period Under 11                                                                                                                              | U.S.C. § 1325(b)(4)         |                                             |              |                  |
| 18.  | Cop                                       | y you                        | ur total average monthly income from line                                                                                                                             | I1.                         |                                             | \$           | 1,961.55         |
| 19.  | cont                                      | end t                        | ne marital adjustment if it applies. If you are<br>hat calculating the commitment period under<br>income, copy the amount from line 13.                               |                             |                                             |              |                  |
|      | 19a                                       | If the                       | e marital adjustment does not apply, fill in 0 or                                                                                                                     | ı line 19a.                 |                                             | <b>-</b> \$  | 0.00             |
|      | 19b                                       | Sub                          | tract line 19a from line 18.                                                                                                                                          |                             |                                             | \$           | 1,961.55         |
| 20.  |                                           |                              | e your current monthly income for the year                                                                                                                            | . Follow these steps        | :                                           |              | 1,961.55         |
|      | 20a                                       |                              | y line 19b                                                                                                                                                            |                             |                                             | \$_          | <u> </u>         |
|      |                                           | Mult                         | iply by 12 (the number of months in a year).                                                                                                                          |                             |                                             |              | x 12             |
|      | 20b                                       | The                          | result is your current monthly income for the y                                                                                                                       | ear for this part of th     | ne form                                     | \$_          | 23,538.60        |
|      | 20c                                       | Cop                          | y the median family income for your state and                                                                                                                         | size of household fro       | om line 16c                                 | \$_          | 121,435.00       |
|      | 21.                                       | How                          | do the lines compare?                                                                                                                                                 |                             |                                             |              |                  |
|      |                                           |                              | Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.                                                                                        | ise ordered by the co       | ourt, on the top of page 1 of this form, ch | eck box 3,   | The commitment   |
|      |                                           |                              | Line 20b is more than or equal to line 20c. U commitment period is 5 years. Go to Part 4.                                                                             | nless otherwise orde        | red by the court, on the top of page 1 of   | this form, c | heck box 4, The  |
| Par  | By s<br>( <u>/s/</u><br>Er<br>Sig<br>Date | Eric<br>ic Ja<br>natur<br>Ju | gn Below g here, under penalty of perjury I declare that s James Hardy mes Hardy e of Debtor 1 ne 3, 2022 1/ DD / YYYY ecked 17a, do NOT fill out or file Form 122C-2 |                             | nis statement and in any attachments is t   | rue and cor  | rect.            |
|      |                                           |                              | cked 17b, fill out Form 122C-2 and file it with                                                                                                                       |                             | of that form, copy your current monthly i   | ncome fron   | n line 14 above. |

Filed 06/03/22 Case 22-21417 Doc 1

Debtor 1 Eric James Hardy Case number (if known)

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: |    | Liquidation        |  |
|------------|----|--------------------|--|
| \$24       | 5  | filing fee         |  |
| \$78       | 3  | administrative fee |  |
| + \$15     | 5_ | trustee surcharge  |  |
| \$33       | 8  | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court Eastern District of California**

| In re  | Eric James Hardy                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                             | Case No                                                          |                                                                                         |       |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------|
|        |                                                                                                                                                                                                                                                                                                                                                                                                                         | Debtor(s)                                                                                                                   | Chapter                                                          | 13                                                                                      |       |
|        | DISCLOSURE OF COMPEN                                                                                                                                                                                                                                                                                                                                                                                                    | SATION OF ATT                                                                                                               | ORNEY FOR I                                                      | DEBTOR(S)                                                                               |       |
| С      | ursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(bompensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation of                                                                                                                                                                                                                                              | of the petition in bankrupt                                                                                                 | cy, or agreed to be pa                                           | id to me, for services rendered or                                                      | to:   |
|        | For legal services, I have agreed to accept                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             | \$                                                               | 4,000.00                                                                                |       |
|        | Prior to the filing of this statement I have received                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                             | \$                                                               | 1,500.00                                                                                |       |
|        | Balance Due                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             | \$                                                               | 2,500.00                                                                                |       |
| 2. \$  | <b>313.00</b> of the filing fee has been paid.                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             |                                                                  |                                                                                         |       |
| 3. Т   | he source of the compensation paid to me was:                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                             |                                                                  |                                                                                         |       |
|        | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             |                                                                  |                                                                                         |       |
| 4. Т   | he source of compensation to be paid to me is:                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             |                                                                  |                                                                                         |       |
|        | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             |                                                                  |                                                                                         |       |
| 5. I   | I have not agreed to share the above-disclosed compe                                                                                                                                                                                                                                                                                                                                                                    | nsation with any other pers                                                                                                 | on unless they are me                                            | mbers and associates of my law                                                          | firm. |
| I      | I have agreed to share the above-disclosed compensat copy of the agreement, together with a list of the nam                                                                                                                                                                                                                                                                                                             |                                                                                                                             |                                                                  |                                                                                         | A     |
| 5. 1   | n return for the above-disclosed fee, I have agreed to ren                                                                                                                                                                                                                                                                                                                                                              | der legal service for all asp                                                                                               | ects of the bankruptc                                            | case, including:                                                                        |       |
| b<br>c | Analysis of the debtor's financial situation, and render.  Preparation and filing of any petition, schedules, stater Representation of the debtor at the meeting of creditor  [Other provisions as needed]  All services, except those identified in pa debtor's bankruptcy objectives including                                                                                                                        | ment of affairs and plan when some confirmation hearing aragraph 7 below, that a                                            | nich may be required;<br>,, and any adjourned h                  | earings thereof;                                                                        |       |
|        | (1) File the certificate required from the in counseling agency for prepetition credit (2) Preparation and filing of all locally req (3) Representation of the debtor at the § 3 (4) Amend any list, schedule, statement, a necessary or appropriate; (5) Prepare and file any motion as may be a lien on exempt property, to obtain credit (6) Attend confirmation hearings; (7) Negotiate valuation of secured claims | counseling;<br>juired forms;<br>341 meeting;<br>and/or other document<br>e necessary or appropr<br>it, to sell or abandon p | required to be file<br>iate including but<br>roperty, and to ass | d with the petition as may b<br>not limited to a motion to av<br>ume or reject a lease; |       |

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Notwithstanding any agreement to the contrary, supplemental fees may only be awarded by the court if, after

(15) Represent the debtor in connection with motions for dismissal or conversion; and

(16) Disclose any agreement and fee arrangement regarding the potential retention of co-counsel.

| In re | Eric James Hardy | Case No. |  |
|-------|------------------|----------|--|
|       | Debtor(s)        |          |  |

### DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

performing a review of Firm's detailed accounting, the court determines that additional fees are warranted. The court may be more likely to award additional fees for extraordinary additional work such as Firm's work on dischargeability actions, adversary proceedings and heavily litigated matters that are not listed in Paragraph 6 above. Client may contest any fee that Firm petitions the Court to award.

| <b>0</b> ,                                                                   | rsary proceedings and heavily litigated matters that are not listed in Paragraph 6 fee that Firm petitions the Court to award.  CERTIFICATION               |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I certify that the foregoing is a complete state this bankruptcy proceeding. | ement of any agreement or arrangement for payment to me for representation of the debtor(s) in                                                              |
| June 3, 2022  Date                                                           | /s/ Mark Shmorgon Mark Shmorgon Signature of Attorney Deighan Law LLP 5015 Madison Ave Suite A Sacramento, CA 95841  shmorgonlaw@gmail.com Name of law firm |

Hardy, Eric - - Pg. 1 of 1

AmerAssist A/R Solutions, Inc. 1105 Schrock Road, Suite #502 Columbus, OH 43229

Merrick Bank P.O. Box 5000 Draper, UT 84020

Michelle Hardy 2941 West Lowell Ave. Tracy, CA 95377

Ress Financial Corporation 1780 Town and Country Drive, Suite #105 Norco, CA 92860-3618

Synchrony Bank / Car Care P.O. Box 965064 Orlando, FL 32896

Synchrony Bank / Care Credit P.O. Box 965064 Orlando, FL 32896

Upright Law 79 West Monroe Street, Suite #1006 Chicago, IL 60603

Wells Fargo Dealer Services 1100 Corporate Center Drive Raleigh, NC 27607

William D. Johns Stockton Mortgage, Inc. 6820 Pacific Avenue Stockton, CA 95207